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TRANSACTIONS & STUDIES

of the

COLLEGE OF PHYSICIANS OF PHILADELPHIA

Series V Volume XVI December 1994

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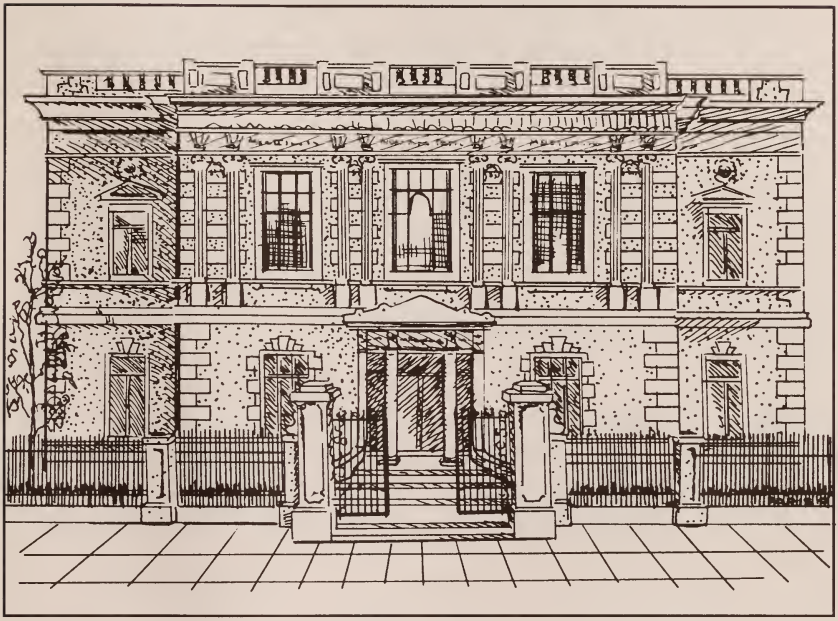

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Editorial

In last year's annual issue I stated that one of the functions of *Transactions & Studies* was to publish the activities of the College of Physicians of Philadelphia, especially those activities associated with the history of medicine program. As the reader will notice, the 1994 issue expands its coverage of College activities. In addition to offering the annual address of the president, the annual report of the history of medicine program, memoirs of deceased Fellows of the College, and sections devoted to highlighting the historical collections of the College's Library and Mütter Museum, this year's *Transactions & Studies* presents the College's financial report and, as an appendix to the annual report of the history of medicine program, excerpts from the reports of the Wood Institute's Resident Research Fellows for 1993. These latter reports are both informative and useful; they remind us of just how rich and extensive our library and museum collections are, and tell us how these collections are being used by scholars.

Susan Shifrin, a doctoral candidate in art history at Bryn Mawr College, was one of the Wood Institute's Resident Research Fellows for 1993. In addition to the report on her fellowship, she has contributed an article on her current research, which was conducted largely in the Historical Services Division of the Library. This year's selection for the "From the Historical Collections of the Library" section does not highlight a particular item or collection, yet it conveys to the reader the usefulness of a variety of library sources—books, pamphlets, and images—available to anyone wishing to study nineteenth-century attitudes toward the appearance and professionalism of women physicians. In "From the Mütter Museum" section, Gretchen Worden addresses recent allegations concerning the identity of the body that is buried in John Wilkes Booth's grave. While Ms. Worden does not settle the issue, she does point out that the issue has a direct bearing on the Mütter Museum. The Museum claims to own a piece of the thorax taken from the body of Lincoln's assassin.

Two special features in this issue which deserve attention are those of Phoebe Lloyd and Lillian B. Miller concerning the death of

artist Raphaelle Peale. Dr. Lloyd's article grew out of a seminar paper she presented at the Wood Institute in the fall of 1993. Her work on Peale's "tragic" death is controversial. Not surprisingly, Dr. Lloyd's seminar appearance at the College not only drew a standing-room-only crowd, but elicited a spirited debate. A provocative hypothesis mixing Philadelphia history and the history of medicine—and a Wood Institute program—was, in my opinion, an appropriate candidate for *Transactions & Studies*. As readers will quickly discover, Dr. Lloyd's article deals harshly with the work of leading Peale scholars, and is particularly critical of Dr. Miller, Editor of the *Selected Papers of Charles Willson Peale and His Family*. In keeping with the Wood Institute's tradition of encouraging scholarly debate, I offered Dr. Miller the opportunity to respond to Dr. Lloyd. Dr. Miller accepted the challenge and, as a result, readers of this year's issue are treated to a debate that is both informative and lively.

We are grateful to College Fellow Emily H. Mudd for her contribution to this year's "From the Fellowship" section. Dr. Mudd's recollections of her work with Dr. Alfred Kinsey are movingly told. She offers us a rare behind-the-scenes glimpse of how Dr. Kinsey conducted his research on a subject that was in the late 1940s and early 1950s quite controversial. In her article, Dr. Mudd applauds the courage of Dr. Kinsey and the publisher Lawrence Saunders while modestly downplaying her own role. It is indeed a story of courage, including that shown by the young woman from Philadelphia, whose strength of convictions, sense of purpose, and deep compassion have contributed so much to the health and welfare of the local community.

I would like to thank all of those who contributed articles, reports, and memorials to deceased fellows. I would like especially to thank Monique Bourque, whose dedication, innovative ideas, and organizational skills were of invaluable assistance to the editor.

THOMAS A. HORROCKS

Report of the President of the College of Physicians of Philadelphia at the Annual Meeting of the Fellowship, 11 May 1994

Robert H. Bradley, Jr.

This is my last opportunity as President to address the College Fellowship. As I approach the end of my two year term I confess to mingled feelings: pleasure and gratitude for the opportunity to have served, regret that the time has gone so quickly (and also that I will lose my parking space to Dr. Fred Murtagh). The College is first of all a body of like-minded people, remarkable individuals with singular talents and expertise and particularly, willingness to serve this society and their fellow man. It has been my great privilege to know so many of you and to enjoy your confidence. I voice my sincere thanks for your encouragement and support.

My message to you today is one of optimism. The College is in good hands, is in better financial condition than ever, and has a clear vision of its future. It is poised as never before to pursue its mission; that is, to develop an understanding of the healing arts and the relentlessly expanding role of the physician in today's social order, to preserve and interpret medical history, and to serve the public good wherever possible. Ours is a cultural and humanistic institution. As the oldest surviving medical organization in this country, the College has always been dedicated to service and to promoting the highest standards of medical care. These goals have not changed, nor will they.

Curiously, it is our own Fellows who often betray an incomplete understanding of the business of the College, of the goals that motivate us and the purposes we serve. Therefore, much of my message will be directed toward a clear cut statement of what we are about and the breadth of our vision for the future.

I don't need to tell you that the recent winter was difficult for everyone. Never in recent memory has ice and snow wreaked such havoc in the region. For the College this meant cancellation of numerous events, loss of income, untold extra hours of labor, and deterioration of this fine building entailing costly repairs. Our budget

will be severely strained. But this is not the time for pessimism. I have too much of good to report to you.

I will start with finances. Our endowment is at an all time high, almost 10 million dollars thanks to market trends and the wise investment counsel of our portfolio managers. This gives us room to utilize some gains in order to cope with budgetary emergencies. We have also received several large bequests and gifts, most notably those from the estates of Dr. Mildred Pfeiffer and Ms. Dorothy Tindall, and we are exceedingly grateful to Dr. and Mrs. Harry Shubin whose generosity enabled us to pay off our obligation for the papers of Dr. S. Weir Mitchell. Annual Giving is on target to reach a new high for this year. As of 30 April we have garnered $155,738 with two months to go. We were assisted in this by a challenge grant from an anonymous donor matching up to $25,000 in new donations.

An exciting new development for the College's Library and its Katherine A. Shaw Division of Public Services is a grant from the Connelly Foundation of $147,651 over two years to help create a Health Resource Center. This initiative will make consumer health information readily available to the public and professionals in our region in a variety of ways including reference searches, loans, and document delivery. It will serve a long recognized and compelling need.

It is a pleasure to also announce that the Historical Services Division of the Library will receive $103,000 as its share of a $1,350,000 grant from The Pew Charitable Trusts in support of the Philadelphia Area Consortium of Special Collections Libraries (PACSCL).

The Mütter Museum has shown a steady increase in its outreach, recording more than 16,000 visitors. The second edition of its wall calendar was well received, selling more than 5,000 copies.

The Wood Institute for the History of Medicine has continued to attract national and international interest through its weekly seminars, its research fellowships, and its Scholar-in-Residence program. It recently announced a plan to produce publications on selected topics.

Turning to Fellowship matters, I note a slight decline in our numbers from 2061 in April 1993 to 2003 a year later. We elected fifty-three new Fellows but lost twenty-one to death. Resignations and a tightening of the handling of dues delinquency accounted for some of this loss. Every Fellow should be aware that an effective program of membership enhancement is essential to the future well-being of the College, and must receive constant attention. I wish to thank the

members of a special Task Force on membership criteria whose report has been accepted by Council, and which has been requested to make recommendations on new classes of Fellowship. One of our goals has been to make Fellowship more attractive to new and younger Fellows. To this end a program of orientation for new Fellows has been instituted, and every effort is being extended to invite Fellows to serve on committees in which they may be interested.

It is with great sadness that I report the death on 17 December 1993 of a faithful friend of the College, John W. Eckman. As Chairman of the Board of Advisors he was a member of Council, where his wisdom was especially appreciated. During the past year he presided over the reorganization of that Board, strengthening the College's accessibility to a diverse panel of community leaders. Just prior to his death the Council made him the first recipient of the College Award for Outstanding Service, an award to be named for him henceforth.

I am pleased to say that another devoted friend, a distinguished member of the Finance Committee, Mr. Michael J. Bradley, has been elected to chair the new Board of Advisors. Consequently, he is now a member of Council and its Executive Committee.

A year ago the Program Committee urged the College to refute its reputation as "the best kept secret in town," and to fulfill its goal of serving the public good by collaborating where possible with other organizations to jointly present programs appealing to medical, educational, or historically oriented audiences. Officially adopted, this policy has been an overwhelming success. I will cite three examples.

Last Fall the City of Philadelphia observed the 200th anniversary of the great yellow fever epidemic of 1793. The College joined Girard College, Pennsylvania Hospital, Mother Bethel A.M.E. Church, and the City in staging a commemorative event at which hundreds rallied to visit some of the places most involved. In preparation for this the Wood Institute and the Library Company of Philadelphia co-sponsored a conference on the public response to the 1793 yellow fever epidemic which created international interest and brought some three hundred physicians, historians, and scholars to Philadelphia.

Another collaborative event took place on 29 October when the College cohosted the Philadelphia community Health Internship Program entitled "Bridging the Gaps" at which United States Surgeon General M. Joycelyn Elders was the keynote personality and speaker. Mitchell Hall was filled to capacity with students and teachers for this very provocative and inspirational presentation.

Most notable was the College's collaboration in February with Children's Hospital of Philadelphia to bring former Surgeon General C. Everett Koop and First Lady Hillary Rodham Clinton to Children's Hospital and the Civic Center for a forum to discuss proposed National Health Legislation. An audience of more than 3,000 participated in a prolonged period of questions and answers during which the plan and its authors received much constructive criticism.

These were only the most outstanding of the various events arising from our effort to collaborate with other agencies in serving the public good. I am sure that this policy will prove fruitful in coming years.

Whatever our recent accomplishments, it is our vision of the future which deserves the most thoughtful attention today, giving us a reference point by which to measure progress in future years. We live in an era of change. We cannot remain rooted in the old ways of doing business. If our mission is to serve the public good in all possible ways, then we must actively pursue new and meaningful roles. The key word as I see it is relevance. We must seek to be relevant to the community and society of which we are a part. I suggest four areas in which we should concentrate our planning endeavors.

First, the Fellowship. Our numbers are too small. Deaths, departures, and drop-outs seem to keep pace with our recruitment efforts. A larger base is essential to our needs and intentions. Our Fellowship must be broadened in numbers and in nature. Health care no longer belongs to physicians alone. If we are an organization of leaders, then we should include the leaders of all the complex aspects of providing for and promoting health. I urge new categories of Fellowship that will bring under our roof younger aspirants and those individuals who lead in contributing to the successes of all parts of the health industry.

Second, the College programs, by which I mean all the activities of the College, must be in tune with the modern temper, must attract attention through relevance. It is essential for us to find those niches in which we perform uniquely, which are suited to our special character and abilities. Then it will be possible to target our audience and direct our marketing to it.

Third, service of the public good. The College's image is brighter than it has been in recent decades. Still, we lack visibility despite high motives and rich resources. Public recognition can only be achieved through service, through visible efforts in the public eye, by being involved where it counts. Three new sections have been proposed which will begin to meet this need.

Bioethical dilemmas multiply each day. Every advance brings its own special problem. A Section on Bioethics will respond to a compelling need by providing a forum for debate and, hopefully, guidance in reaching decisions about these difficult problems. There is already great interest as well as recognized leadership in this field among our Fellows.

Similarly, there is demand for an agency to revitalize interest in public health, to study and advise concerning public health problems in our region. A Section devoted to public health has been approved by the Council as an advocate of existing public health agencies, and a promoter of needed action.

The belief is widespread today that artistic appreciation and endeavor are appropriate ingredients of healing in the larger approach to the maintenance or restoration of health. Philadelphia is a world renowned center of art education, preservation, and performance. Our Fellowship lists well-known patrons and performers on its roster. A Section on Arts Medicine unquestionably will attract Fellows and many of their friends to participate in its activities. Again, plans are under development to bring such a section into being. These sections will surely give the College visibility and credibility as they respond to matters of public interest and concern.

Fourth and finally, I turn again to the subject of finances. Although the College's endowment is at an all time high, it remains woefully inadequate to meet our aspirations. Increasing this bulwark, this bedrock stabilizing resource, must be at the top of everyone's priority list. Additionally, we face the pressing need for very large sums, several millions, to spend in the near future on the renovation and rehabilitation of our remarkable, landmark building. These challenges are not insurmountable for an institution as enduring and deeply rooted as the College, but they will demand a committed, concerted, dedicated, devoted effort by every one of our Fellows.

To assess the College's readiness for a major capital campaign, the Council this winter employed Mr. Allen Martineau, a recognized development consultant. On 31 March 1994, he submitted his report calling for development over the next twelve months of a preparatory plan of self-examination and program-strengthening before seriously setting campaign goals or a timetable for action. He emphasized the need for development within the Fellowship of a strong perception of the College's mission and vision, a sense of ownership if you will, leading to a willingness to fully participate and support. He also made clear his belief that a perception of the

relevance of the College's mission to the broader community will be important in attracting major donors.

Mr. Martineau's advice has been thoughtfully received, and will be seriously considered by Council as it prepares to address our compelling financial needs.

As I bring my term in office to a close, I wish to thank many people for making the past two years a most pleasant and satisfying period of my career. It is truly a privilege to occupy this chair, and I have enjoyed the opportunity to grow in experience and serve in new ways.

Working with Dr. John O'Donnell has been a particular pleasure. I compliment him on his vision, his energy, his dedication. He has attracted a fine staff and welded a great team. I particularly applaud his steadfast aim of unifying the service goals of every department to work together for just one purpose, the mission of the College.

This is a very busy place. Over fifty employees of the College are stretched to the limit fulfilling their ambitious goals and objectives and providing our many programs and services. I express now my gratitude to each member of our staff not only for the help they have provided me, but more importantly, for their courteous and cheerful professionalism on which our reputation hinges and which is acknowledged by all our visitors.

I also wish to thank my predecessor, Dr. Dan Shaw, and my successor, Dr. Fred Murtagh, whose devotion to the College is very great, and who have made their time readily available to me. It has been a pleasure to share their wisdom and vision while working together for the future of the College.

Thank you all once again for bestowing this honor on me, and for giving me the opportunity and privilege of serving our remarkable institution.

1403 FOULKEWAYS
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Annual Financial Report of the College of Physicians of Philadelphia: July 1993–June 1994

Benjamin R. Pierce

I. Commentary:

During Fiscal Year 1994 (ended 30 June 1994) the College recorded an operating deficit of $153,165 as reported in the audited financial statements assembled by MacDade, Abbott, and Co. (external College auditors). The financial report detailed below is excerpted from these statements.

Two items are notable. First, the College's diversified funding sources, as illustrated in the receipts section below, all felt the pressures of economic and political changes. Second, nearly one-half the expenditures are program related (note the operating expense chart).

Finally, the College has elected to report its financial results according to a newly-approved Financial Accounting Standards Board regulation pertaining to not-for-profits (SFAS No. 117).

II. Financial Data:

Operating Statement

Receipts	
Membership Dues	$345,333
Contributions and Grants	611,748
Facilities Rental and Parking Lot Lease	464,199
Endowment Proceeds	627,962
Services Provided	415,812
Total Receipts	$2,465,054
Expenditures	
Programs	$1,175,939
Plant	334,907
Benefits	373,006
Administration	734,367
Total Expenditures	$2,618,219
Net Surplus/(Deficit)	($153,165)

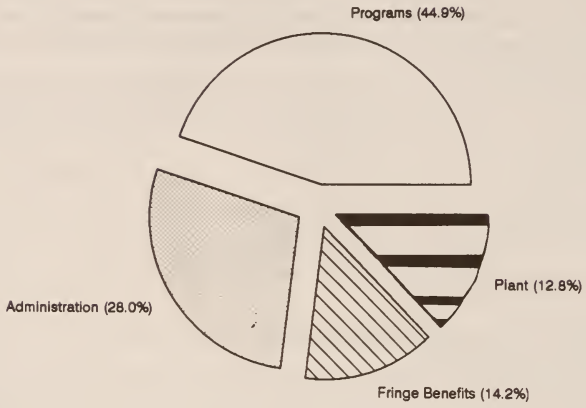
Balance Sheet (30 June 1994)

Assets	
Cash	$221,918
Accounts Receivable	106,048
Notes Receivable	147,101
Investments	8,414,292
Other Assets	75,688
Fixed Assets	2,290,651
Total Assets	$11,255,698
Liabilities	
Accounts Payable	$353,203
Pew Loan Fund	524,243
Other Liabilities and Accruals	366,078
Total Liabilities	$1,243,524
Net Assets	
Unrestricted	$960,524
Temporarily Restricted	288,517
Permanently Restricted	8,763,133
Total Net Assets	$10,012,174
Total Liabilities And Net Assets	**$11,255,698**

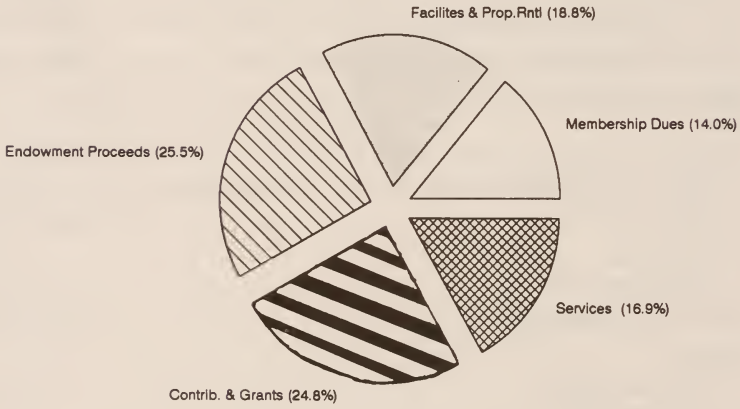
III. Financial Resources and Expenses

Financial Resources and Support FY94 Actual Results

Operating Expenses
FY94 Actual Results



Financial Resources and Support
FY94 Actual Results



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Annual Report of the History of Medicine Program: July 1993–June 1994

Thomas A. Horrocks

Introduction

The past year was a successful one for the College's renowned history of medicine program. The staff of the Historical Services Division of the Library assisted more researchers than ever before, and, as a result of another large cataloging grant, continued to make previously unprocessed and uncataloged materials accessible for scholarly use. The Mütter Museum set a new attendance record in 1993–94, and its staff vigorously promoted the Museum's resources by issuing a popular calendar and mounting a splendid exhibit on the 1793 Philadelphia yellow fever epidemic. The Francis Clark Wood Institute for the History of Medicine co-sponsored a successful conference on the public response to the epidemic, and inaugurated a Scholar-in-Residence program. These achievements, as well as other notable accomplishments of the past twelve months, are highlighted in the following report.

Historical Services Division of the Library

Reference Services

This past year the reference staff of Kevin Crawford, Jean Carr, Jack Eckert, and John Parker assisted 325 readers (there were 829 "reader days"), answered 242 reference letters and faxes, and responded to 573 phone inquiries. In 1993–94, the reference letter and phone inquiry figures reached record levels. Last year the staff paged a record-number 4,366 items for readers.

There were more than 200 topics studied by researchers who consulted the Library's collections during 1993–94. The diversity of the topics reveals the extraordinary breadth of the Library's histori-

cal resources. Some of the subjects studied include the history of the American Psychiatric Association; the history of spas in the eastern United States; anatomical prints of the sixteenth and seventeenth centuries; African-American medicine; medical missionaries in China; the history of Thomsonian medicine; the public perception of science in the nineteenth century; physicians' attitudes toward pornography; prostitution in nineteenth-century Paris; sensory physiology and psychology in nineteenth-century Germany; the classification and treatment of nervous system disorders of Civil War soldiers; the history of the United States Pharmacopoeia; Benjamin Rush and the diseases of animals; the history of hypertension; homeopathic women physicians in the nineteenth and early-twentieth centuries; tuberculosis among New York City immigrants, 1900–1914; the iconography of Andreas Vesalius; the 1918 influenza epidemic in Philadelphia; the relationship of physical anthropology and medicine, 1930–50; and the medical community and Philadelphia's Christian Enlightenment, 1750–1800.

Desiring more detailed information on the Library's researchers and on the use of the collections in general, the Director asked Reference Librarian Kevin Crawford to devise an online database which would enable the staff to assemble and store collection usage information gathered from reference statistics. Mr. Crawford had the system up and running by this past December. The Patron and Collection Usage Information Manager—as the system is called—provides the staff of the Historical Services Division with detailed information on what materials are consulted, by whom, and for what purpose. From December 1993 through June 1994, for example, there were 468 reader days and 298 readers. Of the latter figure, professional historians and students majoring in history represented the largest single group (37.5 percent). Eighty-three percent of our readers came from Pennsylvania and New Jersey, and nine, or four percent, came from outside the United States. We are not aware of another Library that uses a computerized database for measuring collection use statistics.

Archives and Manuscripts

During the past year the archive and manuscript collections were augmented by donation, transfer, purchase, and deposit. Fifty-six items or collections were accessioned, and approximately 32 linear feet of material were added to the collections. Notable additions to the manuscript collection include World War II letters from Fel-

low Joseph B. VanderVeer, M.D.; a daybook attributed to William Sumner (1699–1778), documenting his medical practice in Hebron, Connecticut from 1754 to 1768; a collection of medical education and personal papers, covering the years 1824 to 1895, of three physicians of the Pierce family of Maine; letters of George O. Caldwell, M.D. (1859 or 60–1905), describing the treatment of patients at the New York City Asylum for the Insane in the 1890s; nine volumes of daybooks and ledgers of Marcellus, New York, physician Isreal Parsons (1821–1904); and documents (1880–1911) concerning William M. Coffin's military pension and medical disabilities from his service in the Civil War. The papers in this interesting collection describe Coffin's state of health and war-related disabilities as well as his experiences with medical care and treatments during and after the war. Coffin (b.1833) suffered from typhoid fever, gunshot wounds, hemorrhoids, chronic diarrhea, and rheumatism.

In late June the Historical Services Division of the Library acquired a large collection of personal papers of the late J. Robert Willson (1912–1993) of Albuquerque, New Mexico. Donated to the College by Mrs. J. Robert Willson, the collection relates specifically to Dr. Willson's distinguished 17-year tenure (1947–1964) at Temple University's School of Medicine, where he was instrumental in establishing an obstetrics and gynecology department. The collection, consisting of appointment books, correspondence files, writings and speeches, newsclippings, and photographs, is a significant addition to the Library's extensive holdings in the history of obstetrics and gynecology.

There were numerous additions to the archival collections this year, including 10 linear feet of records, covering the years 1955 to 1988, of the Philadelphia Academy of Surgery, and additions to the archives of the Obstetrical Society of Philadelphia, the Teratology Society, the American Association for the History of Medicine (AAHM), and the Archivists and Librarians in the History of the Health Sciences (ALHHS). A formal agreement for the deposit of the records of the ALHHS at the College of Physicians was finalized in June of 1993. The College is in the process of completing with the AAHM a deposit agreement concerning that organizations records, which have been in the Library since the AAHM's founding in 1925.

In December 1993, the manuscript and archival component of the Library's participation in the Philadelphia Area Consortium of Special Collections Libraries' (PACSCL) "Initiative for the 1990s" cataloging project concluded on a very successful note. This part of the College's PACSCL cataloging project produced 483 RLIN

records, which surpassed the projected goal of 450. Even after the project's end, a steady rate of processing and cataloging material was maintained. Virtually every new small collection of material and individual items were processed and cataloged following accession; some work on larger collections was completed. A total of nearly 45 linear feet of material was added to the processed collection. There are currently 516 descriptive records of material at the College available nationally in the AMC file of the RLIN database, and 33 of those records were entered during the past year.

In the addition to their processing and cataloging work, the staff has continued to participate in PACSCL's National Coordinated Cataloging Operations (NACO) project by contributing personal and corporate name authority records to the Library of Congress' Name Authority File (LCNAF). During the past year 30 personal and 20 corporate name authority records were produced, and two records were updated. The Library has contributed 482 new and 12 revised name authority records since the beginning of the NACO project.

Imprints

Last year's annual report mentioned the Library's concerted efforts over the past few years to strengthen its holdings in popular health by acquiring books, pamphlets, journals, and ephemera in this area. In 1993–94, the Library continued these efforts by adding numerous titles to its extensive popular health collection, including *The Country-Man's Physician* (London, 1680); Mason Locke Weems' *The Immortal Mentor: or Unerring Guide to a Healthy, Wealthy, & Happy Life* (Mill-Hill, New Jersey, 1810), in which the book-peddling parson compiled the maxims of Luigi Cornaro, Benjamin Franklin, and Thomas Scott; John Angell James' *The Family Monitor, or a Help to Domestic Happiness* (Boston and New York, 1831); Thomas A. Anderson's *The Practical Monitor, for the Preservation of Health, and the Prevention of Disease* (Knoxville, 1831); John Perry's *The Household Physician: or, an Easy and Natural Method of Curing Most Diseases* (Providence, 1838); Thomas H. Walker's *Companion for the Afflicted: Designed for the Benefit of All Who Are Distressed, Whether in Mind, Body, or Estate* (New York, 1846); La Roy Sunderland's *Book of Health for the Million, With Practical Remarks on Bathing, Diet, Exercise, Disease, and the Water Cure* (Boston, 1847); and Joel H. Ross' *Hints and Helps to Health and Happiness* (Auburn, New York, 1851). One of the engravings in Ross' book is of

a man reclining on a sofa and drinking a glass of wine, the caption of which reads "A Short Road to the Grave."

Other popular health titles acquired during the past year include B. Brown Williams' *Mental Alchemy. A Treatise on the Mind, Nervous System, Psychology, Magnetism, Mesmerism, and Diseases*, which was published by Fowler and Wells in 1852; Edward H. Parker's *The Mother's Handbook: A Guide in the Care of Young Children* (New York, 1857); and "Old" Dr. William Thompson's *Great Medical Discovery; Unparalleled in the History of Medical Science: And Guide From Disease to Health* (Boston, 1877), which offers a message so simple that "any person may be his or her own family physician from the knowledge obtained in this book." The knowledge conveyed by Old Dr. Thompson concerns his "great medical discovery": "If we never break the laws of Nature, we can't be sick."

In addition to books and pamphlets, the Library added a number of periodical titles to its popular health collection during the last year, including volume 1 of *The Thomsonian Recorder, or Impartial Advocate of Botanic Medicine, and the Principles Which Govern the Thomsonian Practice* (Columbus, Ohio, 1833); volume 1 (the only one published) of William A. Alcott's *The Teacher of Health, and the Laws of the Human Constitution* (Boston, 1843); the 1 February 1897 issue of *Woman's Venture*, which was published by the Homeopathic Home and Maternity in Yonkers, New York, to raise funds for that institution; and 23 issues of *Herrick's Almanac* (Albany, 1861–1902), which was published by L.R. Herrick & Brother, "practical chemists" of Albany, New York. The College also acquired the first two volumes of the *Nature Cure Magazine* (1907–09), which was devoted to "Man-Building on the three planes of his being: Physical, Mental and Moral." Edited by Henry Lindlahr, "M.D., D.O," who also ran the Lindlahr College of Nature Cure and Osteopathy and Dr. Lindlahr's Sanitarium for Nature Cure, *Nature Cure Magazine* was the official organ of the Chicago Physical Culture Club, which was administered, no doubt, by Dr. Lindlahr.

The rare book component of the Library's PACSCL cataloging grant was completed in February 1994. Funding from The Pew Charitable Trusts enabled the College to address two large collections of uncataloged books and pamphlets: the Philadelphia General Hospital Library collection and the Lawrence F. Flick pamphlet collection on tuberculosis. Curator of Printed Books Ann Dougherty, who worked on the project, cataloged just over 3,000 titles from the two collections. In March, The Pew Charitable Trusts announced an addi-

tional two-year $1.35 million cataloging grant to PACSCL. The College's share of the grant, $103,297, is being used to continue the Library's assault on uncataloged collections of books, pamphlets, and printed ephemera. Ms. Dougherty is cataloging the Joseph T. Freeman Gerontology Collection (more than 500 titles) and will soon address the Library's extensive Hahnemann Homeopathic pamphlet collection (4,200 titles). Working with Ms. Dougherty on the project is John Parker, who joined the Library staff this past April. Mr. Parker, who holds an M.A. in the History and Sociology of Science from the University of Pennsylvania, was formerly employed at the Wagner Free Institute of Science of Philadelphia. Mr. Parker has been cataloging the Library's rich medical trade ephemera collection and, in the process, uncovering many rare items.

Exhibits

In 1993–94, the Historical Services Division of the Library loaned The Bryn Mawr Hospital admission and discharge book for 1893–1905 to that institution for display in a centennial exhibit. The University Art Museum at the State University of New York at Binghamton borrowed our John Kearsley Mitchell volume of drawings of insane patients for its "Madness in America" exhibit, which opened on 13 May 1994 (and will run through 10 July 1994) at the Arthur Ross Gallery at the University of Pennsylvania.

The Library also loaned items to the College's Mütter Museum for exhibits on the history of the Philadelphia General Hospital, the 1793 Philadelphia yellow fever epidemic, and the development of psychosurgery.

Samuel Lewis Circle

Founded in 1991 by 17 Fellows and friends of the College, the Samuel Lewis Circle is a support group dedicated to enhancing the Library's renowned historical collections. Samuel Lewis Circle members, through their annual contributions of $1,000 or more, provide funds to support the acquisition of books and manuscripts that lie beyond the Library's normal budgetary means.

On 15 March 1994, the College hosted the third annual Samuel Lewis Circle dinner. The elegant affair was preceded by a reception during which time members and guests viewed an exhibit of rare books, manuscripts, and broadsides purchased with funds provided by Circle members. The Samuel Lewis Circle currently has 21 members.

This past year the College welcomed Drs. Steven J. Peitzman and Harry Shubin to membership. Dr. Shubin became the Circle's first lifetime member, which is open to individuals who make a one-time contribution of $25,000 or more. In addition to Drs. Peitzman and Shubin, members of the Samuel Lewis Circle are Stanley Baum, M.D.; Whitfield J. Bell, Jr., Ph.D.; David Y. Cooper, M.D.; Richard A. Davis, M.D.; Eugene S. Flamm, M.D.; Richard W. Foster; Claire G. Fox, Ph.D.; Eleanora C. Gordon, M.D.; William H. Helfand, D.Hu.L.; Dorothy I. Lansing, M.D.; Luigi Mastroianni, Jr., M.D.; Frederick Murtagh, M.D.; Jane M. Oppenheimer, Ph.D.; W. Robert Penman, M.D.; Jonathan E. Rhoads, M.D.; Fred B. Rogers, M.D.; Francis Schumann, M.D.; Henry H. Sherk, M.D.; and Neale W. Watson. Dr. Penman completed his first year as Chairman of the Circle.

Staff

Jean Carr, Assistant Librarian for Historical Services, retired on 1 April 1994, bringing to an end 40 years of dedicated service to the College of Physicians. Miss Carr's tenure at the College began in 1954 in the Library's Medical Literature Service. After a time, Miss Carr moved to the Historical Collections of the Library, where she became a favorite with both researchers and staff alike. Her knowledge of the collections and her tireless devotion to public service will be sorely missed by all those (especially by the Director) who worked with her and who sought her expert advice and assistance. In January 1994, the College's Council acknowledged Miss Carr's many years of dedicated service by passing a resolution which expressed the institution's thanks for a job well done and best wishes for a well deserved retirement.

Jack Eckert, Curator of Archives and Manuscripts/Assistant Librarian for Historical Services, attended meetings of PACSCL's Cataloging Council and the Delaware Valley Archivists Group (DVAG), and contributed regularly to CADUCEUS, the electronic bulletin board for archivists and librarians in the history of the health sciences. In the wake of Miss Carr's retirement, and in recognition of his many accomplishments at the College, Mr. Eckert in April of this year was promoted to the assistant librarian level.

In addition to her cataloging duties, Ann Dougherty, Curator of Printed Books, mounted a library exhibit on the history of medical illustration and assisted in the preparation of the annual Samuel Lewis Circle exhibit and an exhibit on Francois Rabelais. During the past year Ms. Dougherty was active in PACSCL's Rare Book

Discussion Group and attended PACSCL's summer conference on cataloging illustrations and images. John Parker, Project Cataloger/ Reference Assistant, designed the Rabelais exhibit and is currently working on an article and exhibit on the Library's medical trade ephemera collection.

When Miss Carr retired in April, Kevin Crawford moved from part-time Reference Assistant to full-time Reference Librarian. In addition to designing the Patron and Collection Usage Information Manager system described earlier in this report, Mr. Crawford completed the processing of the Francis C. Wood Papers, wrote an article on the collection for the Library's newsletter, *Fugitive Leaves*, and completed two archival courses at Temple University, where he is currently a doctoral candidate in history. Mr. Crawford is now engaged in a long-overdue Cage shelf-reading project. He is assisted in this important endeavor by Mrs. Joanna Gabel, the Historical Services Division's volunteer. We are grateful to Mrs. Gabel, who is an active member of the College's Women's Committee, for her valuable contribution.

The Director continued to serve on PACSCL's Executive Committee and in September assumed the presidency of the Consortium. He also continued to serve on the Society of American Archivists' Section on Appraisal and Acquisitions and the ALHHS' Holloway Award Committee. The Director presented a paper on the "Use and Promotion of the Historical Collections of the Library of the College of Physicians of Philadelphia" at the ALHHS' annual meeting, which was held in New York City in April. In June the Director received the Medical Library Association's Murray Gottlieb Prize for 1994, which is awarded for the best unpublished essay on the history of medicine and allied sciences written by a health sciences librarian. The Director continues to edit the Division's newsletter, *Fugitive Leaves*, and serves on the editorial board of Gryphon Editions' *Classics of Obstetrics and Gynecology Library*. The Director's other activities during the last year are mentioned in the annual report of the Francis C. Wood Institute.

Mütter Museum

This past year witnessed another record-breaking year in terms of visitors to the Museum. The Museum continued to attract favorable media attention as a result of its special exhibits, outreach programs, and its highly successful calendar.

Visitors and Tours

The Museum continued to set new records in attendance and donations in 1993–94. Museum attendance last year reached 16,479 (compared with 12,895 in 1992–93). The number of scheduled group tours almost tripled, from 203 last year to 293 this year. Approximately one third of the tours were guided by the nine members of the Mütter Museum Guide Program of the College's Women's Committee, under the able leadership of Mrs. Robert Booth. Total income from visitor donations was $10,464, which surpassed last year's total by $3,319.

An analysis of group visitors, which accounted for over 6,000 of total attendance, showed that slightly over one third were from junior and senior high schools, slightly less than a third were from vocational-technical schools, approximately ten percent were from medical schools, and the rest were from art schools, colleges, travel clubs, summer youth programs, and other special interest groups.

Public Awareness and Promotion

The Museum's rise in attendance is in part a result of the significant media attention that the Museum continues to receive. In 1993–94, the Museum was featured in a number of publications, often as part of articles or as directory listings of "unusual places to visit in Philadelphia." Much of the publicity stems from the Philadelphia Convention and Visitors Bureau's efforts to promote the Museum by bringing in groups of travel writers.

A tremendous amount of publicity resulted from an Associated Press story on the Museum, which in November 1993 began appearing in newspapers all across the United States and Canada. The article, which included a number of photographs, was published in such newspapers as the *Maui News*, New Orleans' *Times-Picayune*, the *Baltimore Sun*, and the *Stars and Stripes*. Several publications mentioned the Museum, including *The Book of Lists—90s Edition* and a guide to unusual museums in the United States. The latter generated nine requests for radio interviews, including one from Johannesburg, South Africa. A Japanese television production company filmed a segment on the Museum, and WGBH-TV of Boston filmed the plaster cast of Siamese Twins, Chang and Eng, and other related items as part of an upcoming NOVA program on conjoined twins.

Building on the great success of the 1993 Mütter Museum Calendar, the Museum issued a 1994 version that featured the work of

many of the same photographers as the previous year and added the work of two new artists. Printed by The Stinehour Press, the calendar's 1994 print run was increased from 3,000 to 6,000. We are pleased to report that sales to bookstores and individuals increased considerably. The Museum's calendar was featured in several Philadelphia and New York City newspapers as suggested holiday gifts, and *Camera & Darkroom* magazine listed the calendar as one of the 12 best of the year. Approximately 50 photographs taken by the calendar photographers were shown at the Book Trader Gallery in South Street during November and December. The exhibit, supplemented by selected artifacts from the Museum collections, traveled in April to the Museum of Jurassic Technology in Los Angeles, where it opened to much acclaim.

Special Exhibits and Programs

The Museum prepared a major exhibit on "'A Melancholy Scene of Devastation': The Public Response to the 1793 Philadelphia Yellow Fever Epidemic," which opened on 1 October in conjunction with a conference on the Philadelphia epidemic co-sponsored by the College's Francis Clark Wood Institute for the History of Medicine and the Library Company of Philadelphia (see report of the Wood Institute for details of the conference). Designed by Lisa Berndt, a student in the University of Arts graduate program of Museum Exhibition Planning and Design, and comprised of numerous images, documents, and artifacts from the College and the Library Company, the exhibit portrayed Philadelphia's response to the epidemic within the context of an eighteenth-century understanding of the disease, and highlighted the debates that raged within the medical community concerning prevention and treatment of the fever. The Museum also borrowed items from private and institutional collections, including CIGNA Museum and Art Gallery; the Philadelphia Maritime Museum; Connaught Laboratories, Inc.; Dr. and Mrs. Paul Nemir, Jr.; Christopher Blai; and William H. Helfand.

The Museum prepared two special exhibitions for the sesquicentennial meeting of the American Psychiatric Association (APA), which was held in Philadelphia this past April. One consisted of selected pieces of furniture and personal belongings of Dorothea Lynde Dix (1802–1887), a pioneer in reforming the institutional care of the insane. All of the items were borrowed from Trenton Psychiatric Hospital, which had been founded by Dix and where she spent the last six years of her life. The other exhibit featured the Museum's collections

in the area of psychosurgery, highlighting the role played by Philadelphian Walter Freeman, Jr. (1895–1972) and featuring numerous instruments and photographs donated by Fellow Matthew T. Moore, M.D. Funding for the latter exhibit was provided by the College's Section on Medical History and the APA. The Museum loaned artifacts to two other special exhibits which were prepared for the APA meeting: Friends Hospital's exhibit on its own history and the Ross Gallery of the University of Pennsylvania's exhibit on the history of madness in America.

Last year the Museum also loaned several artifacts to the Ellis Island Immigration Museum of the National Park Service for an exhibit on immigrant health traditions, and the Trout Gallery of Dickenson College borrowed the College's portrait of Thomas Cooper (1759–1839) for its exhibit commemorating the bicentennial of the arrival of Joseph Priestly (1733–1804) in America.

Thomas Dent Mütter Associates

A new program was initiated this year to provide support for the Museum's conservation efforts. Named in honor of Thomas Dent Mütter (1811–1859), professor of surgery at Jefferson Medical College and founder of the College's Mütter Museum, the Thomas Dent Mütter Associates is a support group comprised of Fellows and friends of the College who are committed to preserving the Museum's renowned collections. Four individuals joined chairman John M. Templeton, Jr., M.D. in contributing $1,000 or more to the program during its first year. Charter members of the Associates include Dr. Templeton; Robert H. Bradley, Jr., M.D.; Lewis L. Coriell, M.D.; Leslie Nicholas, M.D.; and J. Robert Schietinger.

Thomas Dent Mütter Lectureship

William R. Maples, M.D., a forensic anthropologist at the C.A. Pound Laboratory for Human Identification and Professor of Anthropology at the University of Florida, delivered the 1994 Thomas Dent Mütter Lecture on 13 April. Dr. Maples presentation, entitled "Our Dead Bodies Must Tell the Tale," included a number of fascinating cases from his professional experience, including the continuing efforts to identify the remains of the Romanovs in Russia, and determine the causes of the deaths of explorer Francisco Pizarro and President Zachary Taylor.

Groff Family Memorial Trust Internship

Through the generosity of the Groff Family Memorial Trust, the College in the summer of 1993 was able to offer an internship designed to provide experience in museum work for students planning careers in the field. Martha Wallace, who holds an M.A. from Temple University and had completed a prior internship at the Atwater Kent Museum, was selected from among thirteen applicants as the 1993 Groff Family Memorial Trust Intern. Ms. Wallace researched, designed, and installed an exhibit at the College on the Philadelphia General Hospital Task Force, and her exhibit text was published in the January 1994 issue of *Philadelphia Medicine*. Following completion of the exhibit, Ms. Wallace cataloged a portion of the Museum's photograph collection.

Reference and Public Service

Over the past few years the Museum has become increasingly known to the public and the scholarly community as a source of historical information. As a result of this trend, the number of reference inquiries has risen significantly. During the past year the Museum staff responded to 300 requests for information, photographs, and use of the museum and its collections.

The Museum has also become popular with students from local colleges for class projects. Students from Temple University's Annenberg School of Communications used the Museum as a case study for a marketing program, including television and radio spots. Film students from Temple and Bard College created documentaries on the Museum, and filmmaker Marlon Fuentes from Temple University used the Museum in his film project "Bontoc Eulogy."

Collections Management

Donations to the Museum were received from 37 different individuals or institutions in 1993–94, totaling 695 items. These acquisitions include a baby harness, donated by Mrs. James L. Dannenberg; a Pollack Vagex Syringe, donated by Kaighn Smith, M.D.; 11 boxes of lantern slides of chest trauma and surgery used by the late Charles Bailey, M.D., donated by Dryden P. Morse, M.D.; and a trial lens case and ophthalmoscope which once belonged to J. Monroe Thorington, M.D. was presented by the International Folk Art Foundation of Albuquerque, New Mexico.

Fellow Palmer H. Futcher, M.D. gave the Museum a centrifuge used by his father as well as several instruments used in his own practice, and Mrs. Gloria Hamilton donated two bleeding bowls that formally belonged to her mother, the late Mrs. Samuel X Radbill.

Eleven outgoing loans of 106 objects and eight incoming loans of 12 objects were processed in 1993–94. Fifteen loans of photographs, largely for publicity purposes, were also processed by the Museum staff.

Staff

Gretchen Worden, Director of the Mütter Museum and Associate Director of the Wood Institute, continued her involvement with various professional associations. She served as vice president of the Walt Whitman Association, as a board member of the European Association of Museums of the History of the Medical Sciences, the National Museum of Civil War Medicine, and the Society of Civil War Surgeons, and as a member of the Public Relations Committee of the Museum Council of Philadelphia and the Delaware Valley. During the past year Ms. Worden attended the annual meetings of all these groups as well as those of the AAHM, the Medical Museums Association (MEMA), and the Medical Collectors Association. Her article on "Steel Knives and Iron Lungs: Medical Instruments as Medical History" was published in the autumn 1993 issue of *Caduceus*.

Lynn Brocklebank, Collections Manager, continued to serve as secretary for the Conservator/Collection Care Network, and as editor of the newsletter of the Philadelphia branch of the American Association of University Women. Rachel Koler, Receptionist and Group Tour Coordinator, completed her first year as a member of the Museum staff, providing a friendly greeting to visitors and capably managing group tours. Invaluable assistance to the Museum was provided by volunteers Paul Romano and Julian Hoeber. They assisted in the preparations of exhibits, changed lights in the Museum, and cataloged collections.

Francis Clark Wood Institute for the History of Medicine

The Francis Clark Wood Institute for the History of Medicine was established in 1976 to make better known to the scholarly community the rich resources of the College's Library and Mütter Museum

and to encourage the study of developments in health care using these resources. The Institute, one of the leading programs of its kind in the United States, accomplishes this mission through its various programs. A review of the programs offered in 1993–94 are reviewed in this report.

Conferences

Marking the two-hundredth anniversary of the tragic yellow Philadelphia fever epidemic of 1793, the Wood Institute in October 1993 co-sponsored with the Library Company of Philadelphia a one-day conference on the public response to this major health emergency. Entitled "'A Melancholy Scene of Devastation': The Public Response to the 1793 Philadelphia Yellow Fever Epidemic," the conference looked at how various city communities responded to the crisis that paralyzed municipal functions, halted business and trade, and caused a breakdown of social institutions.

The program, organized by the Director of the Wood Institute; James N. Green, Curator of Printed Books at the Library Company; and Gretchen Worden, Director of the Mütter Museum and Associate Director of the Wood Institute; included the following papers: David Paul Nord, Ph.D. (Indiana University), "Readership as Citizenship During the 1793 Yellow Fever Epidemic;" Sally N. Griffith, Ph.D. (Villanova University), "'A Total Dissolution of the Bonds of Society': Community Death and Regeneration in Mathew Carey's *Short Account of the Malignant Fever*;" Cynthia L. Ragland, Ph.D. (University of Wisconsin at Oshkosh), "Reading the Rhetoric of Yellow Fever: Literary Genres of the 1790s Epidemics;" Jacquelyn C. Miller (Ph.D. Candidate, Rutgers University), "Passions and Politics: The Multiple Meanings of Benjamin Rush's Treatment of Yellow Fever;" Philip Lapsansky (Library Company), "'Abigail, a Negress': The Role and the Legacy of African Americans in the Yellow Fever Epidemic;" and Michal McMahon, Ph.D. (West University University), "Beyond Therapeutics: The Technological Response to the 1790s Epidemics." Billy G. Smith, Ph.D. (Montana State University) and J. Worth Estes, M.D. (Boston University School of Medicine) served as moderators and provided comments.

The conference was a huge success, with attendance numbering over 270 people. After the event, participants were invited to a reception which served formally to open an exhibit in the College's Mütter Museum.

Fellowship Programs

Resident Research Fellowships: The Wood Institute offers short-term resident research grants to scholars engaged in projects requiring personal use of the collections of the Library's Historical Services Division and/or Mütter Museum. These fellowships are awarded for the spring, summer, and fall of each year. Resident Research Fellows and their topics for 1993 were Jane Farrell-Beck, Ph.D. (Iowa State University), "Treatment of Lateral Curvature of the Spine by Supporting Garments or Exercise, 1840–1930;" Kathleen M. Joyce (Ph.D. Candidate, Princeton University), "Suffering Servants: Religious Belief and Medical Practice in Philadelphia's Catholic Community, 1870–1920;" Johannes C. Pols (Ph.D. Candidate, University of Pennsylvania), "Mental Hygiene in the Physician's Office;" Nina Reid-Maroney, Ph.D. (University of Windsor, Ontario), "The Medical Community and Philadelphia's Christian Enlightenment, 1750–1800;" Mike Sappol (Ph.D. Candidate, Columbia University), "Anatomical Dissection in Nineteenth-Century America and its Attendant Controversies;" Susan Shifrin (Ph.D. Candidate, Bryn Mawr College), "Dress Reform and Women Physicians in America;" and Elizabeth Toon (Ph.D. Candidate, University of Pennsylvania), "'Preventable Ignorance': Public Health Education and American Public Health, 1910–1950." Each fellow is required to prepare a report on their research at the College, and this year we are pleased to present excerpts from these reports (see Appendix). The Resident Research Fellowship Program for 1993 was generously supported by the Benjamin and Mary Siddons Measey Foundation and the Women's Committee of the College of Physicians. The Women's Committee funded the fellowships of Dr. Farrell-Beck and Ms. Toon.

As this report was being prepared, the 1994 Fellows were beginning their tenures. They are Paul E. Berman, M.D. (University of Massachusetts Medical School), "The Medical Mutual Improvement Society in America, 1720–1835;" Deborah Franklin (M.D./Ph.D. Candidate, University of Pennsylvania), "Controlling the Atom: The Impact of Ionizing Radiation on Human Health, 1895–1942;" Jennifer Gunn (Ph.D. Candidate, University of Pennsylvania), "Controlling the Population: Ideological Links among Contraception, Life Extension, Public Health, and Population Policy;" Lisa Herschbach (Ph.D. Candidate, Harvard University), "The Hidden Civil War: Medical and Literary Narratives from the Turner's Lane Hospital;" David McCarter (Ph.D. candidate, Uni-

versity of Iowa), "Medical Ideas and the Popular Press in New England, 1680–1820;" Jeffrey A. Mullins (Ph.D. Candidate, Johns Hopkins University), "The Moral Mind: Agency, Psychology, and the Mind-Body Connection in American Thought, 1790–1860;" and Allison Pingree, Ph.D. (Harvard University), "'It's Two that Makes the Trouble': Figures of Replication in the Fiction of Mark Twain, Sherwood Anderson, Eudora Welty, and Carson McCullers." Three of the our 1994 Resident Research Fellowships—those of Dr. Berman, Ms. Gunn, and Ms. Franklin—are being supported by a generous contribution from the Women's Committee of the College of Physicians. The Women's Committee's continued support of this important program is gratefully received and warmly appreciated.

Scholar-in-Residence Program: In September 1993, the Institute welcomed Estelle Cohen as its first Scholar-in-Residence. Ms. Cohen, formerly Senior Lecturer in the School of Social and Historical Studies at the University of Portsmouth, England, is currently winding up her year-long tenure at the College. During her residence she has written a major part of her book, *Gender and the History of Gynecology: Constructing Biology as Social Knowledge, ca. 1660–1860*, and participated in several professional meetings and seminars. Ms. Cohen presented papers on "Imaging Gender and Generation in Eighteenth-Century Medical Texts" at the annual conference of the Northeast American Society for Eighteenth-Century Studies, "Seeing is Deceiving: What Did Anatomy Lessons Teach ca. 1660–1760?" at meetings of the Group for Early Modern Cultural Studies at the University of Oklahoma and the New England Historical Association, "The Politics of Anatomy Lessons in Eighteenth-Century Cities" at the annual meeting of the American Society for Eighteenth-Century Studies, and "Bodies, Minds, and Gender Identities in Early Modern Europe" at a seminar at Brown University. She also presented seminars on "Reproductive Medicine and the State in Early Modern Europe" at Johns Hopkins University and the Wood Institute.

When Ms. Cohen completes her tenure at the College at the end of August, she will take up a position at the Minnesota Center for Philosophy of Science of the University of Minnesota, where she will co-teach a graduate research seminar on gender and science and assist in organizing a conference on issues of gender and science.

The Institute's Scholar-in-Residence for 1994–95 will be David Cantor, who is currently a Research Fellow in the Department of

Science, Medicine, and Technology at Johns Hopkins University. Trained in the history of medicine and science at the University of Lancaster, England, from which he received his Ph.D. in 1987, Dr. Cantor will spend his year at the College researching neo-hippocratism in inter-war British medicine.

We wish to thank William L. Kissick, M.D.; Russell C. Maulitz, M.D., Ph.D.; Clark T. Sawin, M.D.; and Estelle Cohen for serving on the 1994–95 Scholar-in-Residence Selection Committee. The Director and the Associate Director of the Wood Institute also served on the Committee.

Seminar Series in the History of Medicine

In 1993–1994, the Wood Institute completed its eleventh Seminar Series in the History of Medicine. A highly regarded fixture in Philadelphia's scholarly community, the lunch-time seminar series offers scholars from various disciplines—history of medicine, art history, literary history, gender studies, sociology, and medicine, for example—a chance to share their latest research with their colleagues and the general public.

The fall 1993 seminar series, which ran from 7 October through the first week in December, included Phoebe Lloyd, Ph.D. (Texas Tech University), "Invisible Killers: Heavy Metals, Saturnine Envy, and the Tragic Death of Raphaelle Peale;" Larry E. Tise, Ph.D. (Benjamin Franklin National Memorial), "Benjamin Rush, Life and Liberty;" Gretchen Worden (College of Physicians), "Is it the Body of J. Wilkes Booth?: Old Questions, New Answers;" Allen G. Debus, Ph.D. (University of Chicago), "Paracelsus After 500 Years" (co-sponsored with Hahnemann University); Karen Newman, Ph.D. (Brown University), "Visualizing Science: Fetal Imagery and the Politics of Reproduction;" Paul E. Berman, M.D. (University of Massachusetts Medical School), "Rural Obstetrics in America, 1800–1865;" Elaine Forman Crane, Ph.D. (Fordham University), "'I Have Suffr'd Much Today': The Defining Force of Pain in Early America;" and Johannes C. Pols, M.A. (University of Pennsylvania), "Mental Hygiene in the Physician's Office."

The spring seminar series, which began on 3 February and ended on 21 April, included Norman Gevitz, Ph.D. (University of Illinois), "'But All Those Authors are Foreigners': American Literary Nationalism and Domestic Medical Guides;" Samuel Tirer, M.D. (Fellow, College of Physicians), "The French Contribution of

Early Anesthesia;" Robert M. Kaiser, M.D. (University of Pennsylvania School of Medicine), "The Discovery of Chlorothiazide: A Case Study in Twentieth-Century Therapeutics;" Nina Reid-Maroney, Ph.D. (University of Toronto), "The Medical Community and Philadelphia's Christian Enlightenment, 1750–1800;" Jane Farrell-Beck, Ph.D. (Iowa State University), "Straightening the Spine, 1840s through the 1930s;" Richard J. Kahn, M.D. (Penobscot Bay Medical Center, Maine), "Dr. Jeremiah Barker (1752–1835): The Man and His Manuscript;" Robert I. Goler (National Museum of Health and Medicine), "Pickle Jars in the Gallery: Two Centuries of Anatomical Exhibitions in America;" Kathleen M. Joyce, M.A. (Princeton University); "A Spiritual 'Calculus of Suffering': American Catholics and the Ethics of Pain Relief, 1890–1940;" Estelle Cohen (College of Physicians), "The Politics of Reproductive Medicine in Early Modern States;" and Susan Shifrin, M.A. (Bryn Mawr College), "'The Worst are Women-Doctors': Nineteenth-Century Attitudes Toward the Appearance and Professionalism of Woman Physicians."

The 1993–1994 Seminar Series in the History of Medicine was funded by a grant from the Benjamin and Mary Siddons Measey Foundation. We are grateful to the Measey Foundation for their continued support of this program.

Staff

Carla Jacobs, the Institute's Administrative Assistant/Program Coordinator resigned her position early in 1994 to pursue a career in publishing. The Administrative Assistant/Program Coordinator position was subsequently upgraded to that of Assistant Director for Programs in order to streamline the planning and organization of the Institute's current programs and to expand into new programming areas. In March of this year, Monique Bourque joined the staff of the Institute as its first Assistant Director for Programs. A doctoral candidate in history at the University of Delaware, Ms. Bourque was formerly employed as the archivist at the Balch Institute for Ethnic Studies from 1990 to 1993. She co-wrote the Balch Institute's *Guide to Manuscript and Microform Collections*, which was published in 1992. In 1989, Ms. Bourque worked as a project archivist in the Library of the College of Physicians. This coming September she will teach a course on the history of American medicine for the Wagner Free Institute of Science of Philadelphia.

Gretchen Worden, Associate Director of the Wood Institute, delivered several lectures during 1993–1994, including "One Vast Central Hospital: Walt Whitman and the Civil War" at the first Annual Conference on Civil War Medicine, sponsored by the National Museum of Civil War Medicine, and "Is It the Body of J. Wilkes Booth?: Old Questions, New Answers" at the Wood Institute. She attended the annual meetings of the American Association of the History of Medicine (AAHM) and the Medical Museums Association, and attended a conference sponsored by the AIDS History Group of the AAHM, which was held in Washington, D.C. in October 1993.

The Director presented papers on "'The Poor Man's Riches, The Rich Man's Bliss': Health and Reform in Nineteenth-Century America" at the annual conference of the Middle Atlantic Chapter of the Antiquarian Booksellers Association of America, and "'The Poor Man's Riches, The Rich Man's Bliss': The *Journal of Health*, 1829–1833" at the annual meeting of the American Osler Society, which was held in London this past May. He attended the annual meetings of the AAHM, ALHHS, the Association for Documentary Editing, and the Society for the History of Authorship, Reading, and Publishing, and participated in the American Antiquarian Society's Seminar on "Regional Cultures of the Book in America, 1783–1861" and a course on the history of publishing at the Rare Book School, University of Virginia.

The Director and Associate Director continued to be consulted by the Philadelphia Society for the Preservation of Landmarks concerning the design of an exhibit room and replica of Dr. Philip Syng Physick's office at the Physick House, which is located in Society Hill. They also have been working very closely with representatives of the Strong Museum in Rochester, New York, and the Health Museum in Cleveland, Ohio, in planning a collaborative traveling exhibit and attendant programming on "Who's Responsible for America's Health?: Risk, Prevention, and Cure Since 1800." The exhibit is scheduled to open in Rochester at the Strong Museum in October 1995. The exhibit will travel to Philadelphia in June 1996, where it will be on view at the College of Physicians through August. Scheduled to open in Cleveland in June 1997, the exhibit may travel to other venues around the country.

In concluding this report on the College's history of medicine program, the Director wishes to thank the staffs of the Historical Services Division of the Library, the Mütter Museum, and the Wood

Institute for their many contributions during the last year. The Director is indebted especially to Jack Eckert, Gretchen Worden, Monique Bourque, and the 1993 Resident Research Fellows for their assistance in preparing this report.

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Appendix

Reports From Recipients of Resident Research Fellowships

Jane Farrell-Beck

Treatment of Lateral Curvature of the Spine by Supporting Garments or Exercise, 1840–1930

Between the mid-1840s and the 1920s, physicians in the United States differed on the causes of lateral curvature of the spine, or scoliosis. Some recognized the role of heredity in predisposing a person to spinal curvature. Others assailed contemporary design of school seating, neglect of appropriate exercise for children or adolescents, tight lacing of corsets, or a fashion for rigidly erect posture. Medics agreed that children and adolescents were most susceptible to scoliosis, but disagreed about whether its incidence was equal in boys and girls or was overwhelmingly high in girls.

In addition to the debate on the roles of heredity and environment in scoliosis, physicians differed in describing the immediate mechanism of the curve. Some claimed that spinal curves were caused by weak muscles; these practitioners prescribed exercise to strengthen particular groups or muscles and, often, to improve general physical tone. Corsets and braces might be condemned or tolerated but were not the focus of therapy. It is interesting to note that the Swedish system of exercise relied on postures carefully struck and rigidly held, rather than on rhythmic movements. As a school exercise program and a medical therapy, Swedish movements enjoyed a heyday in Europe and the United States during the late nineteenth and early twentieth centuries.

Other physicians ascribed scoliosis to weaknesses of bones and ligaments. Their therapy centered on physical support, sometimes supplemented by periods of bed rest, exercise, and even electric currents or modified diet. A few specialists prescribed composite treatment or varied their therapy with the severity of the curve or how long it had existed.

Physicians who believed in support prescribed various types of braces: those depicted in pharmaceutical and medical supply catalogs, and represented in patents between 1849 and 1920, encased the body and were time-consuming to apply and remove. Such supports were made-to-measure from plaster of paris, thin strips of wood or paper, perforated aluminum or leather, or woven wire. These jackets or braces sometimes included pressure plates and pads, metal supports, and underarm crutches to transfer some of the weight of the torso from the spine to the hips. Some designs consciously copied the design of corsets in length, contour, and fastenings.

Commercial, non-medical braces advertised in *The Delineator*, *Demorest's Monthly Magazine*, *Harper's Bazaar*, *Vogue*, and *Scientific American*, and shown in catalogs issued by wholesale pharmacies, had lighter structure and did not restrict movement. They came in standard sizes. Mens' or boys' and unisex designs resembled suspenders; those made expressly for women or girls added either a belt-like piece to support the skirt or a laced back-piece similar to that of a corset. Styles of braces remained in use for long periods of time. The Knickerbocker brace was advertised from 1887 to at least 1909. Popular materials were coutil, cotton or linen ticking; jeannette, fine twill of cotton and linen; "medicated" flannel; elastic or rigid webbing; metal strips; and leather fittings.

Extensive and varied advertising suggests that commercial braces were in vogue from about 1870 to the mid-1910s. Advertising in the pharmaceutical and the popular press almost vanished after about 1916. An occasional advertisement for men's braces appeared; for women, brassieres seem gradually to have replaced commercial braces. Braces were shown over corset covers or leotards and sometimes with corsets, but not with brassieres. Furthermore, the narrow cut of clothing and lightweight fabrics for both women and men from the 1910s onward may have deterred people from wearing braces, except in cases of severe curvature.

My study at the College of Physicians has shaped my understanding of the treatment of lateral curvatures in particular ways. I had hypothesized that each treatment would be in fashion at a certain time and then go out of favor. This proved untrue. From the 1840s through the 1920s, physicians employed both support-based therapy and exercise (in addition to surgery, diet, and electricity), depending on their understanding of the mechanism of the curvature. Treatment did not vary by gender of the patient: males and females were treated similarly and were each represented in the engravings and, later, photographs in some medical reports.

Few American publications dated before 1840 offer specific treatment for scoliosis. Doctors tended to rail against corsets or riotous living and to limit their treatments to leeching, plasters, and changes in habits of diet and activity. This is in spite of the existence of medical braces.

* * *

Kathleen M. Joyce

Suffering Servants: Religious Belief and Medical Practice in Philadelphia's Catholic Community, 1870–1920

The historical resources of the College of Physicians play a significant role in my dissertation-in-progress. The dissertation, entitled "Science and the Saints: American Catholics and Health Care in the Age of Progress," is a study of religious beliefs and their impact on the experience and treatment of illness. It is very much a historical study, focusing on the decades between 1880 and 1930, but the issues it addresses also are relevant to our understanding of illness and health care in contemporary society.

When I began my research in the College's Library, I was aware of only two collections that pertained directly to my work. One contained Dr. Lawrence Flick's correspondence, while the other contained correspondence and manuscripts left by Dr. Joseph P. Walsh. Both men were prominent Catholic physicians who practiced in Philadelphia during the years covered by my study. During the three months that I spent at the College, however, I found many other sources relevant to my research. General medical reference works and periodicals provided me with the medical information I needed to be an informed reader of my historical materials, and my work is stronger because of them. My work was also strengthened by my study of historical documents that did not bear directly on the subject of Catholics and medicine. I studied the biographies and writings of Protestant doctors and the records of Protestant medical institutions in order to better understand what was unique or different about Catholic physicians and institutions.

Historical sources that were directly relevant to the study of Catholics and medicine were even more invaluable. The Flick and

Walsh papers were revealing not only for what they told me about the medical practices and philosophies of those men, but also for what I learned about the broader Catholic medical world of the period. Both collections contain a considerable amount of correspondence from patients: Some letters are short, discussing only the timing of appointments and vague medical complaints. Others, however, disclose much more. They tell us about the social circumstances of the patients and demonstrate the importance of religious networks to the delivery of medical care. The letters also reveal very human fears of sickness and death.

Both Dr. Flick and Dr. Walsh had a significant number of Catholic patients, including many priests and nuns. These Catholic clergymen and women religious also referred and recommended patients to Walsh's and Flick's care. Many of the Catholic patients who turned to Walsh and Flick did so because they hoped that the doctors could help them gain admission to a hospital or tuberculosis sanitarium, but it is clear that most patients nevertheless had ambivalent feelings about hospitals. For many Catholics, the hospital was a refuge of last resort that they both idealized as a haven of comfort and feared as a house of death.

Through the Walsh and Flick papers, I learned of a number of other Catholic physicians of the period, several of whom had brothers, fathers, or sons who also practiced medicine (e.g., Andrew Nebinger, Robert Cruice, William Keating, and Austin O'Malley). I was pleased to discover that the Library also included some information on these men, even though the documents did not reveal as much as the Walsh and Flick collections did.

In addition to my study of Catholic physicians, I also made extensive use of material on Catholic hospitals in Philadelphia. The Library contains hospital annual reports and other selected documents. This information is particularly valuable because the hospitals themselves generally have not saved these materials. Through the annual reports, I was able to get some sense of the ethnic and religious affiliation of the patients in these hospitals, as well as the range of medical and surgical procedures that were performed within them. The reports also allowed me to trace the evolution of Philadelphia's Catholic hospitals into modern scientific institutions.

Several Catholic medical periodicals also aided my study of Catholic medical practice. The College of Physicians is the only library in the tri-state area with early issues of the *Linacre Quarterly*, a journal for Catholic physicians, and *Forest Leaves*, a journal pub-

lished by a Catholic tuberculosis sanitarium. The College also has selected early issues of *Hospital Progress*, the journal of the Catholic Hospital Association.

I was fortunate that I was able to spend time at the College of Physicians at an early stage of my research. As I worked my way through the sources available to me there, I started to reconceive some aspects of my dissertation. The result is a broader, and I believe richer, study of the American Catholic encounter with medicine.

* * *

Nina Reid-Maroney

The Medical Community and Philadelphia's Christian Enlightenment, 1750–1800

When Dr. John Redman called on his enlightened colleagues to submit their scientific knowledge to the service of the kingdom of Christ, he pointed to the rich possibilities for exchange between Philadelphia's eighteenth-century medical community and the recently-awakened Protestant culture around it. I began my research in the Library of the College of Physicians with some sense of those possibilities. The sources proved plentiful. Lectures from the early years of the Medical Department of the University of Pennsylvania, clinical notebooks, correspondence, biographical material, and printed scientific works all yielded important evidence.

My first line of enquiry followed alumni of the Presbyterian academies established by William Tennent, Samuel Blair, Francis Alison, and Samuel Finley—those "schools of the prophets" which also provided early training for many of Philadelphia's prominent physicians. Their later scientific work reflects the epistemological assumptions on which the academies' teaching rested: given the frailties of human reason, we have a limited knowledge of cause and effect, and "can but guess and conjecture at things to come, according to the present tendencies and probable appearance of things." This fundamental skepticism toward the "mere reports of the senses" profoundly affected the medical teaching and practice of Drs. Redman, Benjamin Rush, William Shippen, Jr., and Hugh Williamson.

A second line of enquiry focused on the influence of the Scottish Enlightenment and the Philadelphians' response to what Rush would later call the "dissensions of the Edinburgh physicians." Medical dissertations, lecture notes, and letters dealing with Edinburgh's great teachers (especially Whytt, Gregory, Cullen, and Black) suggest that the Philadelphians too, debated the nature of human understanding and the most appropriate scientific method. This debate surfaced most plainly in the development of two separate traditions of teaching among the faculty of the University of Pennsylvania's medical department. Some of the professors derided theoretical systems in medicine as the "wild vagaries of a sported imagination;" others drew comfort from the notion that scientific hypotheses were indeed imaginative devices with an heuristic purpose and a temporary character. Such disagreement over method can also be used to measure religious predilections. An appreciation for the Edinburgh professors' "slow-consenting academic doubt" was in keeping with a Calvinist tradition of skepticism. Those inclined to look at the world as a series of contingencies held together by the will of God could never place their final scientific confidence in unaided empiricism.

Other sources reveal the practical dimension and contours of a shared intellectual world. The links between the Shippens and the family of New Side leader Samuel Blair, the commitment of the elder William Shippen and John Redman to Philadelphia's Second Presbyterian Church, their support of the New Side agenda at the College of New Jersey, and the medical interests of the Tennent family are important examples in a larger pattern. While they nurtured the organizations which made Philadelphia's reputation as a center of enlightened medicine, those who modelled themselves after Redman's ideal of the Christian physician clearly saw their work in another light. The medical school, the College of Physicians of Philadelphia, the Pennsylvania Hospital, and the American Philosophical Society were all considered to be the agents of change infused with millennial promise. Accordingly, while much of the story of the medical community and a Christian Enlightenment might seem concerned with ideas and influence, further research will also recall the personal and institutional ties which grounded it in a particular circumstance.

* * *

Elizabeth Toon

"Preventable Ignorance": Public Health Education and American Public Health, 1910–1950

The research I did at the College's Library contributes to my dissertation, which examines the use of education as a public health tool in the first half of the twentieth century. Intoxicated by the promise of bacteriology, leaders of public health and medicine in the 1910s and 1920s confidently asserted the power of laboratory science to eventually conquer disease—if that scientific knowledge were translated into a form that could reach beyond laboratory walls and into ordinary Americans' daily lives. Since medical science had illuminated the causes of many communicable diseases, proponents of public health education argued, education about health could conquer unhealthy behavior. Armed with the latest hygienic teachings, the public could make wise health choices, to their own benefit and that of the nation. Physicians, public health professionals, nurses, social workers, and philanthropists all made claims for the value of public health education, claims which continue to inform our response to health crises today.

Why did these professionals seize on education as a worthwhile and effective means of instigating and managing social change? What other tools were available to public health officials? Does the past ideology and practice of public health education shed light on the future of current approaches to problems as diverse and intractable as AIDS, teenage pregnancy, and heart disease? My dissertation examines these questions, by asking why and how different kinds of organizations—voluntary health organizations, philanthropic foundations, corporations, professional associations, and local, state, and federal government agencies—attempted to educate the American public about health. Discussions about the goals and methods of public health education, I argue, reveal broader disagreements about the possibilities and boundaries of twentieth-century public health.

While at the College of Physicians, I focused on two particular aspects of my dissertation research. First, for Chapter Five, "Health Questions Answered: The American Medical Association, Public Health Education, and the Image of American Medicine," I looked at issues of the American Medical Association's magazine for the lay public, *Hygeia* (later *Today's Health*), from 1923 to 1950. *Hygeia*

was part of the AMA's program of health education, which was largely conducted by the Bureau of Health and Public Instruction (later the Bureau of Health Education). My survey of *Hygeia's* advertising material, letters to the editor, regular departments, feature articles, and fiction suggests that the magazine's editors and writers expected to reach a primarily middle-class audience, in particular mothers, nurses, schoolteachers, chronic disease sufferers, and high school and college students (some of whom used *Hygeia* in their classes). Special departments discussed nutrition, cooking, and health teaching in the schools, and addressed mothers' questions about childrearing and consumers' questions about cosmetic and skin products.

To get a better sense of how AMA proponents of popular health education perceived the public's interest in health, I read closely *Hygeia*'s Questions and Answers column from this period. This column printed letters sent to the AMA and responses composed by the Director of the Bureau of Health and Public Instruction, his staff, or outside experts. I examined a selection of Questions and Answers columns, and collected information on the subject of the question or questions asked, the action suggested by the response, the number of questions and answers printed in each issue, and how (if noted) the questioner learned about the AMA's Q&A service. I found the interaction between the AMA and this portion of the reading public as depicted in this column to be quite revealing.

First, although the questions and answers ultimately printed in *Hygeia* were selected by the editorial staff and are by no means a strict representation of Americans' health attitudes and knowledge, the varieties of questions asked suggest the variety of health problems and behaviors that troubled individuals enough to write a letter to the AMA. Furthermore, the question and answer exchanges offer a further glimpse of AMA health educators' strategies and goals for reaching the public and addressing popular interest in and concerns about health. Responses very often directed questioners to a physician, or directed them back to a physician if the questioner expressed concern or doubt about the course of action previously prescribed. Sometimes responses offered questioners additional or general information about health conditions; other responses scolded questioners who claimed to have discovered cures, or debunked "miracle cures," fraudulent health products, or quacks. This approach, my dissertation chapter argues, was characteristic of AMA health education programs that sought to promote the Association as the highest authority on questions about medical science and practice and to bolster pa-

tients' confidence in their family physicians as those best suited to make judgements about prevention and treatment.

The other portion of my research at the College's Library focused on the materials produced by and for public health educators in the 1920s and 1930s. I examined books and pamphlets as diverse as the American Public Health Association's compilation of health articles and columns, *What to Tell the Public About Health*; the *Health Heroes* pamphlets issued by the Metropolitan Life Insurance Company's Welfare Division (School Health Bureau); and book-length descriptions of the medical exhibits at the Chicago Century of Progress Exhibition and the New York World's Fair. These sources are crucial ones for other chapters in my dissertation, including Chapter Two on health campaigns and voluntary health organizations and Chapter Four on the Metropolitan Life Insurance Company's health education activities.

* * *

Susan Shifrin

Dress Reform and Women Physicians in America

The historical resources of the College's Library enabled me to fulfill a large part of my stated goal of acquiring a sense of the various components which comprised the "male point of view" in the Philadelphia medical community during the latter half of the nineteenth century regarding the qualifications appropriate to the physician; the attitudes towards women which prevailed among men physicians; and, in particular, the attitudes among men physicians toward women who were themselves, or sought to be, physicians. Though I had expected that the historical resources of the College might represent almost exclusively the attitudes of staunchly allopathic physicians, I was able to compile a sampling of the opinions and judgements of a range of physicians, from those who defined the mainstream, such as S. Weir Mitchell, to those who, although trained in the allopathic tradition, vocally championed the cause of reforms for women (including dress reform), as in the case of John Godman, or the cause of the professionalization of women, as did William Osler. I was particularly interested in tracing the training and background of each physician, to determine whether

there might be correlations between liberal or traditional training and the advocacy of unpopular (read "women's") causes later in the professional career. One of the most surprising case histories emerged in the writings and career of Dr. John Bingham Roberts, a graduate of the University of Pennsylvania who, as resident at the University's hospital in 1877, sneeringly described women medical students as a "score of desiccated, disappointed and sour looking females, in seedy alpaca;" twelve years later, Roberts joined the faculty of the Woman's Medical College of Pennsylvania as Professor of Principles and Practice of Surgery, a position in which he remained until 1899. Likewise, while dismissing with unmitigated snobbishness and disdain in his 1877 *Notes of Life in a Hospital* those among his fellow students who had come to medical school from backgrounds less cosmopolitan than (or simply different from) his own, he spent much of his later career advocating that the voices of his non-allopathic colleagues be heard in the negotiations surrounding the establishment of licensure legislation for Pennsylvania. Indeed, a clipping in Roberts' scrapbook indicates that, sometime prior to 1898, he published a paper with the surprising title of "Points of Similarity Between Us and Homeopathic Physicians."

The College's historical collections also enabled me to add to my previous reservoir of dress reform literature, as well as to those writings of women physicians already familiar to me. In addition, the early class photographs in the Philadelphia General Hospital Collection provided a wonderful visual resource for the portion of my work devoted to the specific character and construction of the clothing worn by physicians-in-training and by those who had achieved the status of full professionals.

* * *

Johannes C. Pols

Mental Hygiene in the Physician's Office

During my residence at the College, I explored how and to which extent general practitioners or family doctors dealt with so-called "nervous" complaints: physical illness either caused by mental problems or having strong mental components. I read through a couple of standard medical journals, such as *JAMA* and the *New England Journal of Medicine*, tracing those articles dealing with the "neurotic

patient" and "psychotherapy." In order to explore the image that physicians themselves presented to the public, I analyzed articles in *Hygeia*, the consumer guide of the AMA. In addition, I followed the activities of a group of psychiatrists around the National Committee for Mental Hygiene (NCMH), based in New York City, who strongly promoted the use of psychotherapy by physicians. My research showed that, in general, physicians were often at a loss about how to deal with nervous problems. Moreover, they were highly reluctant to adopt psychotherapeutic measures. However, following catastrophes such as World War I, the Depression, and World War II, an interest in the influence of psychological factors on health and well-being increased. After World War II, courses to train physicians in the basic principles of psychotherapy were established, which received widespread attention.

In an address at the College of Physicians and Surgeons at Columbia in 1923, Thomas W. Salmon, the former medical director of the NCMH, reflected on the lack of interest in mental problems by physicians. According to him, the recent advances in medicine had reinforced the dichotomy between mind and body. This had made physicians increasingly competent in dealing with the problems of the latter, and increasingly uncomfortable in dealing with the former. This had led to several compromises in medical practice: "By one of these compromises the disorder is forcibly transformed into one of the fairly well-understood forms of physical disease, and the mental symptoms considered as incidental and relegated to the background." The other compromise is flatly denying that anything is wrong and "denouncing the patient (to himself and his family if not to the world at large) as a simulator, who but for courtesy might be stigmatized by a harsher world."

Salmon's comments are confirmed in the medical literature. At times, physicians expressed their uneasiness in dealing with neurotic patients. As one author stated: "Nervous diseases are looked on as mysterious in their manifestations, incomprehensible in their display, unamenable to treatment, and therefore unworthy of profound effort at interpretation." It seems that many physicians translated their uneasiness in moral condemnation: these patients were repugnant because there was nothing wrong with them. Since their complaints lacked a physical or physiological basis, they did not exist. The same author stated that most physicians think that "these diseases are more or less assumed, that they are manifestations of weakness or contumacy, that they are a sort of splotch on the scutcheon of health and of moral dignity, that they are evidences of stubborn perversiveness

which excite a mingling of sympathy and contempt, that they are the products of a disordered imagination." That these "quacks" were better able to deal with nervous complaints was a serious blow to the self-image of the medical profession.

Because of these reasons, physicians were persuaded to pay more attention to nervous complaints. However, what was promoted as psychotherapy appears far removed from Freudian psychoanalysis. Physicians did not even need to use special methods such as free association or hypnosis. As a matter of fact, most physicians knew intuitively what to do already. The image of the old-time country doctor, with an intimate knowledge of patients he was treating was presented as the physician who could, without knowing it, practice psychotherapy in a way that could not be surpassed by anyone. A profound knowledge of human nature, sincerity, and a philosophy of life would do.

Physicians tended to emphasize the physical aspects of psychological problems. They acknowledged that over-work could lead to nervous strain and irritability. If such were the case, rest and good, nutritious food were prescribed. Undue emphasis on psychological problems made patients self-conscious, and this could make problems only worse. Rest, balance, a good diet, and regularity were the most common cures. Nerves, tension, and over-strained minds populated the pages of *Hygeia* in the 1920s and 1930s. Enough sleep, a regular life-style, and healthy habits guaranteed health. Anything that upset this balance caused nervous strain.

From the early 1930s on, medical researchers increasingly studied the phenomenon of psychosomatic disorder. Flanders Dunbar published her *Emotions and Bodily Changes* in 1935 while Franz Alexander had established a psychoanalytic clinic in Chicago and earned a certain fame with his studies in ulcers and gastrointestinal disturbances. Spurgeon English and Edward Weiss of Temple University had been conducting research in psychosomatic phenomena. Harold G. Wolff and Stewart Wolf of Cornell Medical Center, New York, were conducting extensive experiments on the physiological effects of emotional changes, summarized in their book *Stress and Disease*. The journal *Psychosomatic Medicine* first appeared in 1939. In the 1940s, a number of books such as Carl Binger's *The Doctor's Job* explicitly aimed at providing the necessary information for family doctors to conduct some psychotherapy. Ideas and theories about the interrelationship of mental and physical problems were developed from the early 1930s on. They had to wait until the second World War before they found widespread support.

World War II brought tremendous changes in the popularity of psychiatry. Many veterans were discharged from the army suffering from hysterical symptoms, anxiety, and stress related disorders. Physicians in the army were instructed on how to deal with soldiers suffering from mental breakdown. In the meantime, the demand for psychiatric services among veterans kept growing. In 1943, the NCMH established a Division of Rehabilitation, and, in New York, an experimental clinic developed a program for the rehabilitation of veterans with neuropsychiatric disabilities.

Many veterans with nervous complaints consulted their family physician first. According to Thomas A. C. Rennie, who was active in the rehabilitation work, "[a] psychiatric training program aimed at the family doctors, who are likely to see these men first, is long overdue." Psychiatry could teach general practitioners how to deal with "the vast range of everyday medical problems that present themselves to the practitioner—namely, the psycho-neuroses and psychosomatic disorders." General practitioners showed a considerable interest in psychosomatic problems. Over 90 per cent of West Virginia doctors who responded to a questionnaire from their state medical society expressed interest in psychiatry and desired further training. In 1946, an experimental course was conducted to teach general practitioners the basic principles of psychotherapy.

Physicians were very eager to incorporate short term therapy into their repertoire. After World War II, general practitioners felt increasingly threatened by the growth of specialization in medicine. According to them, the general practitioner treated the whole person, rather than the diseased organs. The ideas of the mental hygiene psychiatrists fitted in with this delineation of the domain of the general practitioner. The role of the general practitioner, however, has been declining ever since the 1950s.

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Mike Sappol

Anatomical Dissection in Nineteenth-Century America and its Attendant Controversies

I am researching the social meaning of anatomy, anatomical dissection, and death in nineteenth-century America. I am studying the changing practices of anatomical dissection in a period of rapidly ex-

panding medical education and medical science; the changing status of anatomy and pathological anatomy as subdisciplines within the medical academy; the ideological content of writing on anatomy and anatomical dissection in medical and popular texts; opposition to anatomical dissection, both within the profession and outside it; the diffusion of anatomy into popular culture and school curriculums; the business of cadaver procurement; and the politics of anatomy legislation in various states (especially Pennsylvania, New York, Massachusetts, and Ohio). During my residence at the College I looked at a wide variety of sources bearing on all of these topics.

In the realm of popular anatomy I looked at several works by E.B. Foote, a popular medical journalist of the post-bellum era, best known for inventing and promoting the "womb veil" (for which he was arrested by Anthony Comstock). Less well-known are his best-selling handbooks for the public, and his promotion of medical electricity, pedagogical anatomy and dissection, free thought, and science. The Library of the College has many of Foote's works, including *Medical Common Sense* (New York, 1863); *Plain Home Talk* (New York, 1871); *The Alphabet of the Human Temperaments and the Influence of the Temperaments on the Health and Viability of Off-Spring* (New York, 1884); *The Radical Remedy in Social Science; or, Borning Better Babies Through Regulating Reproduction by Controlling Conception* (New York, 1886). Foote is interesting because he saw anatomical knowledge as self-empowering and essential to self-making, and sought to use this knowledge to challenge authority (both medical and non-medical) rather than buttress it.

In a similar vein, I looked at a now obscure journal, *The New-York Dissector: A Quarterly Journal of Medicine, Surgery, Magnetism, Mesmerism and the Collateral Sciences, with the Mysteries and Fallacies of the Faculty* (4 vols., 1844–47), edited by Henry Hall Sherwood, a surgeon and a medical electrical inventor and entrepreneur. Extravagantly vitalist (and extremely contentious), Sherwood embraced mesmerism, animal magnetism, lunar influence, and clairvoyance, while attacking homeopathy, phrenology (until a rapprochement with the Fowlers and La Roy Sunderland, leaders of the movement), hydropathy, quacks, and the medical establishment. At the same time, *The New York Dissector* took its name seriously: it championed French pathological anatomy (along with the numerical method of Louis) against its American and English critics, called for the reform of American medical education to include more dissection, and reprinted many articles from British and French journals.

In addition to the materials mentioned above, I also looked at a number of introductory and valedictory addresses on the subject of anatomy. M.B. Wright's *Lecture on the Exhumation and Dissection of Human Bodies* (Cincinnati, 1846) is a particularly interesting document. A professor of anatomy at the Medical College of Ohio, Wright opposed anatomy legislation on the grounds that legalization would stir up popular opposition to dissection and encourage immorality among dissectors (the French being the paradigmatic exemplars of depravity). Wright wanted to keep anatomy in the closet. He argued that the illegality of dissection disciplined anatomists, kept them from openly trampling the sensibilities of the public; an 1846 Ohio law had just been enacted that provided for stiff penalties for body-snatching and dissection on illegally procured bodies. What interests me here is the unknown history of disagreements within the profession on the subject of anatomy and anatomy law. Some of these were tactical; other divisions reflected deep ideological disagreements and institutional and professional politics and competition. Some well-supplied colleges did not want to make the provision of cadavers easier for upstart competitors. Some physicians objected to the surgical emphasis of anatomical instruction, the linking of the profession to hand-dirtying "trade" and the nasty business of bodysnatching. They rejected the opening of the profession to men of modest backgrounds who tried to establish reputations by championing French medicine, the morbid anatomical synthesis of physic and surgery that depended heavily of dissection and clinical medicine. All of this meant that anatomy acts faced obstacles from within as well as from without the profession, a state of affairs that has gone unnoticed in histories of anatomy in America.

I want to thank the College and its Wood Institute for its financial support and the staffs of the Library and Mütter Museum for their diligence, kindness, intelligence, and patience, particularly Jean Carr, Kevin Crawford, Jack Eckert, and Gretchen Worden.

"The Worst are Women-Doctors": Nineteenth-Century Attitudes Toward the Appearance and Professionalism of Women Physicians[1]

Susan Shifrin

> Will you think it queer if I say a word as to dress from a man's standpoint? If you want to see ill-dressed people, the worst are women-doctors, platform ladies, college professors (men), and the folks generally who are over-valuers of learning. In the effort to dress the mind, I pray you not to forget the body. I never saw a professional woman who had not lost some charm. There comes a little hardness, less thought as to how prettily to do or say things; affected plainness of dress; something goes. It seems to me a duty for men and women to seem as well to be gracious in dress and manner.[2]

So spoke Silas Weir Mitchell (Figure 1), in an address delivered to the students of Radcliffe College on 17 January 1895. It was, indeed, not "queer" in the least that a physician of Mitchell's standing should engage in speculation regarding the interrelationship of dress and professionalism. The often virulent, ever-impassioned discourse which erupted with the advent of trained, degree-endowed women physicians on the medical scene during the second half of the nineteenth century often reflected on matters of appearance in

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[1] This paper was originally presented in April 1994 at a seminar sponsored by the Francis Clark Wood Institute for the History of Medicine of the College of Physicians of Philadelphia. Much of the research was carried out in the Historical Services Division of the Library during a resident fellowship at the Wood Institute. I wish to express my gratitude to the Wood Institute, The Archives and Special Collections on Women in Medicine of the Medical College of Pennsylvania, and the Costume Society of America for their support of this ongoing research.

[2] S. Weir Mitchell, *Address to the Students of Radcliffe College, Delivered January 17, 1895* (Cambridge, MA, 1896), p. 18.

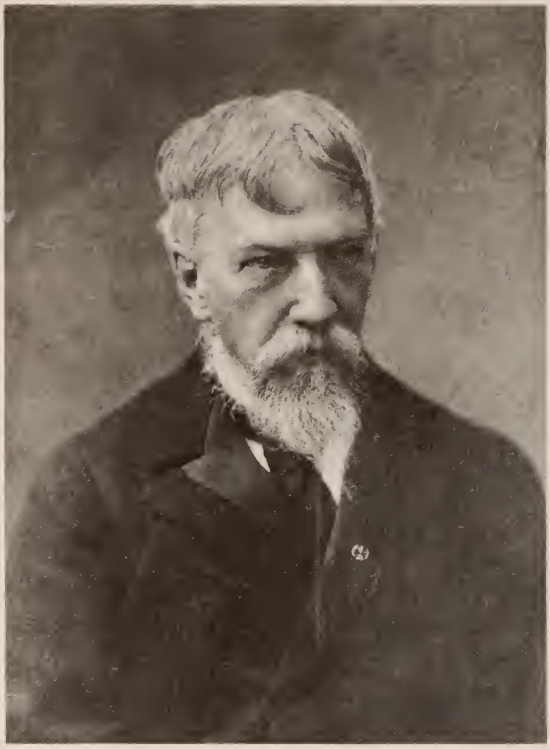

FIGURE 1. Silas Weir Mitchell, M.D. (1829–1914), n.d. *Courtesy of the Library of the College of Physicians of Philadelphia.*

its attempts to grapple with changing notions of women's and men's "appropriate spheres." On the floor of the July 1871 convention of the American Medical Association, one Dr. Johnson from Missouri inveighed against an amendment to the Association's constitution authored by Dr. Hartshorne of Philadelphia which would have admitted women practitioners to the Association.

> The sanctity and the sacredness of home is about to be invaded upon this question. . . . [I]f there is any position in which woman presides in a Godlike position, it is as that of a mother; and I would like to know what a woman in that position would do in this Association? A mother, with children at home, and her duties at home in that legitimate sphere in which she was created to move? I say let her stay at home and put on an apron, and attend to her children, and not come to a

> Medical Association. Why, we should expect to see a woman here in breeches . . .; not only that, but we should expect to see men with women's clothes on. Women will become men, and men women, in disposition and character; because one or the other must rule, and one or the other must be at the head, and either the man or the woman must be master.[3]

The "woman question," as it was designated by those, alike, opposed to the admission of women physicians and those with whom they consulted to the AMA, opposed to women's suffrage, and opposed, in general, to the "sphere of female influence and usefulness . . . widening and expanding throughout American Society," was manifold.[4] Dr. Charles Robert Drysdale, writing from London in 1870, summarized two of its most widely promulgated arguments: the first, "that professional life is incompatible with the duties of maternity or with the cares of a household," and the second, "the sentimental argument . . . [that] [p]rofessional life of any kind . . . would have the effect of hardening women."[5] A third argument, circulated primarily within the medical and educational communities, derived from currently-held beliefs that women were regularly incapacitated emotionally, mentally, and physically as a result of their monthly menstrual cycles. Again, from the proceedings of the 1871 convention of the American Medical Association:

> [T]here is a point that is fundamental to the whole matter . . . and that is this inherent quality in their sex, that uncertain equilibrium, that varying from month to month, according to the time of the month, in each woman, that unfits her from taking these responsibilities of judgement which . . . are to control the question often of life and death.[6]

To the extent that any apparent unfitness in women for professional service—physical, intellectual or by dint of insufficient training—troubled those on both sides of the question, more troubling still, it seems, and underlying virtually all arguments against women's assumption of a place in previously male professions, was the notion of transgression against woman's (and man's) "appropriate sphere." "The result of yielding to this spirit," it was maintained by

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[3] *Richmond and Louisville Medical Journal* 12, no. 1 (1871), p. 29.
[4] Ibid., p. 17.
[5] Charles Robert Drysdale, *Medicine as a Profession for Women* (London: Charlton Tucker, 1870), pp. 7–8.
[6] *Richmond and Louisville Medical Journal* 12, no. 1 (1871), pp. 46–47.

one physician in 1871, "will not only be in one direction, that we are to open the occupation for women . . . but we are to break down the barriers, we are to destroy that which God has imprinted upon our race as the distinction between male and female in the operations of this world."[7]

S. Weir Mitchell often indicated that he considered women eminently suited for the newly-emerged nursing profession, as its duties required "[t]act, manners, the perfecting of sweetness of service, of exactness, of gentleness, of all the womanly graces, . . . of the charity of true sympathy.[8] Mitchell further articulated his conception of the nurse's as a quintessentially womanly role in appearance as well as in substance in his requisition that "My Ideal Nurse" be "good-looking or at least . . . look good, [with] . . . a good womanly figure, the joint result of nature and physical training."[9] In Mitchell's address to the students of Radcliffe College with which I opened, however, he declared his "creed" to be that

> [i]f the higher education or the college life in any way, body or mind, unfits women to be good wives and mothers there had better be none of it [for] . . . this surely is the *natural* life of woman. . . . I am for independence as a human right. I want women to be free to be and to do what they like. I want no "paucity of alternatives." But with this freedom to choose, and this human right to select, I, personally, no more want them to be preachers, lawyers, or platform orators, than I want men to be seamstresses or nurses of children. I want freedom within the noble limitations of sex.[10]

In his 1887 book *Wear and Tear*, Mitchell apparently sought to reinforce the inviolability of the notion of woman's appropriate sphere while resigned to acknowledging women's incontrovertibly deepening presence in the professional world. He cited the experience of a friend—"a woman"—who lamented the fact that, in the earnest endeavor to prepare citizens for their political duties, the

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[7] Ibid., p. 20.
[8] S. Weir Mitchell, *Address to the Graduating Class at the Annual Commencement of the Training School for Nurses for the Hospital of the University of Pennsylvania, November 24th, 1908* (Philadelphia: The John C. Winston Company, 1908), p. 11.
[9] S. Weir Mitchell, *Address Delivered to the Graduating Class of the New York Hospital Training School for Nurses*, February 28th, 1908 (New York: Society of the New York Hospital, n.d.), pp. 19–24.
[10] S. Weir Mitchell, *Address to the Students of Radcliffe College*, pp. 4–6.

schools seem to have overlooked the necessity of teaching women that which should be brought to bear upon "household economy," as well as upon public economy. She advocated the introduction of a curriculum to the standard school fare of young women which would include lessons in household economy, in order that

> we not only simplify and harmonize her work, but we send out in every case a woman prepared to carry this new influence into all her future life, even if a large number of these women should eventually pursue special or higher technical branches; for we are women before we are teachers, lawyers, physicians, etc., and if we are to add anything of distinctive value to the world by entering upon the fields of work hitherto preempted by men, it will be by the essential quality of this new feminine element.[11]

As I have suggested previously, arguments against the acceptance of women as full-fledged colleagues of men within the medical profession frequently hinged on the claim that woman's naturally gentle, sympathetic nature was liable to be hardened through the degradation of daily contact with the professional world. Some men physicians continued to cite the indelicacies of the "stripped subject" in clinics and the harshness of the dissecting room as justification of their reluctance to teach women students and of their refusal to lecture to women and men in coeducational classes. Yet we find that when men physicians sought to describe the qualities of the ideal physician, they employed such descriptive phrases as "wise of head and *kind* of heart . . . [with a] *gentle* touch . . . [and] *sympathetic* voice."[12] Dr. Charles Phelps, reflecting upon "The Medical Profession at the Close of the Nineteenth Century" in an address before the New York State Medical Association in 1896, while he made no mention of women physicians, cautioned that "It has been too much forgotten that ours is a gentle, as well as a learned, profession."[13] Hugh Lenox Hodge, M.D., one of the physicians on the staff at the Pennsylvania

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[11] S. Weir Mitchell, *Wear and Tear* (New York: The Review of Reviews Company, 1909 [1887]), pp. 127–128.

[12] My emphasis. William Williams Keen, "'The Ideal Physician': The Commencement Address Delivered to the Students of Rush Medical College, in Affiliation with the University of Chicago, June 21, 1900" (reprint from *Journal of the American Medical Association*, June 23, 1900), p. 2.

[13] Charles Phelps, "The Medical Profession at the Close of the Nineteenth Century. An Address Delivered Before the New York State Medical Association at its Thirteenth Annual Meeting, October 14, 1896" (reprint from *New York Medical Journal*, January 2 and 9, 1897), p. 25.

Hospital in 1869 who petitioned the Contributors of the Hospital to "condemn" the "revolutionary" introduction of female medical students and practitioners, or teachers, into the Hospital, later in his career ascribed to the ideal physician such attributes as "humanity," "tenderness," "delicacy," "sensibility of heart," "gentleness," and a "compassionate heart."[14] All of these adjectives appear to have been commonly associated with quintessentially female characteristics, as Mitchell's remarks cited earlier regarding the peculiar aptitude of women for nursing would suggest.

Mary Putnam Jacobi (Figure 2), writing in 1882 on the question "Shall Women Practice Medicine?," marveled that

> Of all the social bewilderments with which this question is befogged, this is, perhaps, at once the most ridiculous and the most exasperating. It is impossible to imagine a sphere in human life, with the exception, perhaps, of the artistic, in which delicacy—mental, moral, and even physical—is more essential than in that of the physician. The preservation of decorum, the maintenance of suitable reserves, the just balance of rights, the quick perception of feelings, all these are the natural correlatives of the deft physical touch, of the intellectual subtlety, which should, and which does, characterize a true physician. What is there in all this incompatible with a classical, not to say, conventional, ideal of feminine character?[15]

In 1892, Jacobi's views on the eminent suitability of the "feminine character" for the work of medicine came into direct conflict with those expressed by S. Weir Mitchell in a series of sketches in the *Century Magazine* titled "Characteristics." Over the course of several installments, Mitchell formulated the character of a young physician, Dr. North. Through his devotion to his friend Mrs. Vincent, Dr. North is called upon to counsel the daughter of a friend of Mrs. Vincent's who has—to the dismay of her mother—proclaimed her intention of becoming a physician. The young woman in question, Alice, who is described by Mrs. Vincent as "a woman of unusual force of character . . . and intellect" and in North's voice as "as to dress and outside manner, simply and charmingly conventional. . . . Yes, . . . handsome . . .," conveys to Dr. North her need for "con-

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[14] Hugh Lenox Hodge Papers, Bound Volume, Box 1 of 2, Library of the College of Physicians of Philadelphia, hereafter LCPP.

[15] Mary Putnam Jacobi, "Shall Women Practise Medicine?," *North American Review* 134 (January 1882), p. 58.

FIGURE 2. Mary Putnam Jacobi, M.D. (1842–1906), 1866. *Courtesy of the Schlesinger Library, Radcliffe College.*

nected work, something which offers an enlarging life. I do not mean for ambition, but as a definite means of development," and—further—her determination "to study medicine, and practise it too." North responds:

> I think that every human being, man or woman, is entitled to any career he or she may please to desire. This is a mere human right. . . . Whether the public will use the person or not, is the business of the public. Should you ask if personally I believe that women make as good doctors as men of like education, I say no. Should you ask me if I think it desirable that in the interest of society in general women should follow the same careers as men, I say no. . . . I never saw a woman who did not lose something womanly in acquiring the education of the physician. I hardly put it delicately enough: a charm is lost.[16]

This creed, which may sound more than faintly familiar (see the quotation with which this paper opens), elicited from Jacobi a rebuttal which challenged Mitchell's ability to form an impartial judgement regarding the nature of femininity, given his "prolonged and profound study of nervous women, with all their incapacities, sophistries, and essential feebleness." She suggested that he might have come to think of "a certain capriciousness and especially the habit of craving and prizing the attentions of men,—as essential to 'womanly charm'," and that as a result, any woman whose reliance on "masculine attentions" might be mitigated by professional responsibilities of her own or other intellectual pursuits "must detract from the feminine peculiarities which are traditionally the most delightful." She continued:

> You do not state in "Characteristics" why medicine, above all other pursuits, should have this deteriorating effect upon feminine attractiveness. Nor suggest why occupations that are so incessantly stimulating to the personal sympathies which I believe to be the real basis of what is most legitimately feminine, should be capable of warping feminine character. These occupations,—like any others which are serious . . . must tend to diminish coquetry:—but how can they lessen the power of sympathy, the maternal instinct, which is at least as powerful and valuable an instinct as coquetry? Far it be from me to suggest that coquetry be banished from . . . the world. But surely

[16] S. Weir Mitchell, "Characteristics," *Century Magazine* 44, no. 2 (1892): 306.

> there will be women enough left for its developement [sic] and exercise—even if the present handful of female physicians were multiplied ten or twenty fold. . . . Have you ever had an opportunity of watching a woman, originally "charming" deteriorate under the influence of medicine? If not,—how do you know that those whom you have met,—medical and charmless,—were not always so, even before they had taken the fatal plunge? And have you compared the influence of millinery, dress making, teaching, journalism, authorship, business, etc., etc. with that of medicine in this respect?—I would not venture to write so long a letter were it not that I believe you will soon be at Newport and at leisure for idleness.[17]

Even Mitchell's close friend and confidante, Amelia Gere Mason, berated his attitudes toward the unfitness of women for physicians' work:

> You are very hard on the poor women who were not made poetic and have their bread to earn. Why should a woman with a capacity for certain things quite legitimate and honorable, spend her life in poverty and distasteful toil because men think the things she likes and can do, unpoetic or rather why do men think the practical embodiment of the ministering angel unpoetic? Is it less poetic to prescribe for the sick than to nurse them, or to make bread, or to sew?[18]

Some men physicians de-feminized women medical students and practitioners in portrayals of what was still viewed as their unnatural presence within the profession, playing on the popular conception of the de-sexed woman who had de-natured herself by means of her transgression of conventional gender-related boundaries. John Bingham Roberts, a resident physician at Pennsylvania Hospital from 1875 to 1877, wrote in his unpublished "Notes of Life in a Hospital, By a Resident Physician":

> You may ask me what do women medical students look like. Imagine a score of desiccated, disappointed and sour looking females, in seedy alpaca, with lasting gaiters, and old fashioned lace mits, together with a half dozen or so bright eyed, buxom maidens; and you have a fair idea of a woman's medical class,

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[17] Mary Putnam Jacobi, letter to S. Weir Mitchell, June 3, 1892, S. Weir Mitchell Papers, LCPP.

[18] Amelia Gere Mason, letter to S. Weir Mitchell, July 7, 1892, S. Weir Mitchell Papers, LCPP.

> composed as it seems to be of ambitious quondam nurses, determined single sisters, and unabashed curious girls.[19]

Bingham's description bears close examination, as his disdainful discursus on the outmoded, unfashionable, unmarriageable and less-than-professional "females" whom his prose renders distasteful by all contemporary standards of womanhood, provides an index of the extent to which the appearance of women in the profession was judged to be in conflict with established standards of femininity and appropriateness.

Women who sought careers in medicine were frequently declared to have ranged inappropriately from their sanctioned sphere of activity both because of what was viewed as a naturally and inextricably feminine preoccupation with things anti-intellectual and fashionable and, contrariwise, because of the encroachment on male territory that such outward displays of "mannish" behavior as the adoption of the title "Doctor" and the donning of reform dress threatened. A member of the AMA, registering his support for the cause of women physicians, declared facetiously "'You cannot come in as a physician, not at all; you have not mind enough.' This is the argument. *We* have the intellect—not the women; they are poor silly runners after fashion, and what do they know about intellect?"[20] Sara Willis Parton, America's first woman newspaper columnist, known to the public by the pseudonym "Fanny Fern," penned an article in 1857 in the *New York Ledger* on the subject of "Female Physicians":

> A female Doctor. Great Aesculapius! Before swallowing her pills (of which she would be the first!), I should want to make sure, that I had never come between her and a lover, or a new bonnet, or been the innocent recipient of a gracious smile from her husband . . . [B]efore the breath is taken out of me by any female Doctor, . . . while I am in my senses I will never exchange my gentlemanly, soft-voiced, soft-stepping, experienced, intelligent, handsome Doctor for all the female M.D.s who ever carved up dead bodies or live characters—or tore each other's cape.[21]

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[19] John Bingham Roberts, "Notes of Life in a Hospital, By a Resident Physician," unpublished ms., Philadelphia, 1877, p. 10, LCPP.

[20] *Richmond and Louisville Medical Journal* 12, no. 1 (1871): 22–23.

[21] Bibliography File, No. 4893. Archives and Special Collections on Women in Medicine, Medical College of Pennsylvania, hereafter MCP.

Above the text of the article appeared a caricature of a "Lady Doctor" dressed in reform costume (Figure 3), a forerunner of the style of clothing in which Dr. Mary Edwards Walker was arrested during the late 1860s on the grounds that she had appeared in public wearing men's clothing. The caricature served not only to contrast the "affected plainness of dress," to use S. Weir Mitchell's phrase, of the generally unattractive woman practitioner (of somewhat indistinct gender) with the fashionable dress of her mortified lady patient, but also seems to have made ironic reference to the caricatures of healthy, robust ladies in reform dress counterpoised with de-natured, deformed ladies of fashion contorted by tight-lacing, which

FIGURE 3. "The Lady Doctor," the *New York Ledger*, 1857 (?). *Courtesy of the Archives and Special Collections on Women in Medicine, Medical College of Pennsylvania.*

were popularized at the time in the pages of the *Water Cure Journal*, the organ of the hydropathic movement in America, a medical discipline which had historically supported both dress reform and the full participation of women in the practice of medicine.

By the last quarter of the nineteenth century, even the more conservative men physicians appear to have recognized the futility of attempts to bar women altogether from the profession. An article entitled "Doctor and Doctress" in an 1871 newspaper acknowledged

> That women are to constitute at least some portion of the medical profession in this country is now an admitted fact. They have fought their fight; and although many of the staunch old fortresses of professional prejudice still hold out stoutly against the intruders, they have carried so many positions that they may be regarded as mistresses of the situation.[22]

"In America," according to Dr. Henry Gibson of San Francisco, "the cause of female education has been going forward at a rapid rate, promoted rather than retarded by the resistance presented by medical authority. The longer you oppose resistance to this current, the stronger it becomes by opposing it."[23] Even the prickly Dr. Johnson of Missouri allowed that "I would not throw an obstacle in the way of a woman being admitted to the very highest point to which she is susceptible . . . [L]et women have as many medical associations as they choose, and let them attend to their own business, which they generally know pretty well how to manage; let them attend to their own business, and we will attend to ours."[24]

Nonetheless, in the 1880s, the admission of women medical students to resident internships routinely held by men students remained relatively unheard of. Mary Pauline Root, a member of the 1883 graduating class of the Woman's Medical College of Pennsylvania, recalled a conversation she had had with a male faculty member during her final at WMCP:

> "Dr. Parrish, what is the matter with the Woman's Medical College?" "What do you mean, Miss Root," he answered. "There is nothing the matter with the Women's Medical College. If there were, I could not be connected with it." "Well," I said, "I see that the competitive examination for internships at

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[22] Scrapbooks, MCP,(03).
[23] *Richmond and Louisville Medical Journal* 12, no. 1 (1871): 27.
[24] Ibid., pp. 28–29.

> Blockley [the Philadelphia Hospital] is to be held tomorrow and the graduates of all first class medical schools are eligible to take it but we aren't. What is the matter with us?" "There is nothing the matter with you and I should advise you to present yourself at the examination tomorrow and take it," said Dr. Parrish.

The letter which informed Dr. Root that she had passed her exam and was to become the first woman resident interne at Blockley informed her as well that she should, like her male counterparts, "provide [herself] with uniforms and report for duty Monday morning." She recalled that

> I was so overcome I put my head down on the desk and howled. It wasn't the hundred dollars [fee]. . . . It wasn't the time although the day was Thursday and I had to report on Monday. It must have been the uniform. Women weren't in the habit of wearing uniforms in those days and so I put my head down and howled . . . The next day I went to the city office of the Hospital, deposited my hundred dollars and asked what I should provide in the way of uniforms. The official in charge looked puzzled and said, "I don't know what to tell you. I could tell if you were a young man but I don't know what you should wear. However, you must wear something so that people will know what you are. Suppose you get a blue cloth skirt and some kind of a blue jersey with some brass buttons on it." So that is what I did.[25]

A photograph of the Blockley Class of 1883 (Figure 4) reveals somewhat poignantly, I find, a single woman interne surrounded by men, her "uniform" testifying to the attempt to simulate the appearance of, and thus render her uniform with, her male colleagues, while, in its concessions to the fashions of the day, that very garment isolates her from them. The story of Dr. Mary Pauline Root's initiation into the male-dominated medical profession climaxed—by her own reckoning—in the single, synecdochic calamity of having to dress herself according to the dictates of her new institution. That institution—the Philadelphia Hospital—while it sought to de-feminize Root by the means of uniformity, was confounded in the effort by the persistent,

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[25] "Doctor Pauline Root's Account of Her Admission to Blockley As an Interne as Told to Doctor Macfarlane While Driving With Her Along Maine Roads," August 23, 1929, unpublished ms., MCP, pp. 1–3.

FIGURE 4. Mary Pauline Root, M.D., and Male Interns, Blockley Class of 1883. *Courtesy of the Library, College of Physicians of Philadelphia.*

profession-wide perception of the still unbreachable "otherness" of its women members.

Such notions of professional and social uniformity were notoriously confronted by the efforts of Dr. Mary Edwards Walker, whose unrelenting and self-consciously flamboyant battle with the status quo in the arenas of women's rights, women's health, and women's professionalism left an indelible mark in the minds of those both for and against her causes. Walker (Figure 5) was born in Oswego, New York, in 1832, approximately thirty miles from the future site of the Oneida Perfectionist community which, from its inception in the late 1840s, promoted the wearing of reform dress—much like that worn by Walker herself during the 1860s—in accordance with one of the Community's founding tenets that "When the distinction of the sexes is reduced to the bounds of nature and decency, a dress will be adopted that will be at the same time the most simple and the most beautiful, and it will be the same or nearly the same for both sexes."[26] A similar reform costume of pantalets and short dress is

[26] [John Humphrey Noyes], *Summary Exposition of the Social Theory of the Dissenters, Called Perfectionists . . . Called By Them the Bible Argument . . .* (Worcester, MA, 1850), p. 23.

FIGURE 5. Mary Edwards Walker, M.D. (1832–1919), ca. 1865.
Courtesy of the Archives and Special Collections of Women in Medicine, Medical College of Pennsylvania.

also said to have been adopted by various water-cure sanitariums in upper New York state during the same period of late 1840s and early 1850s. Walker's father was an advocate of corsetless dressing and advanced education for girls. Her upbringing can perhaps be credited for the fact that, by the time she graduated with her medical degree from Syracuse Medical College in 1855, Mary Walker had committed herself to wearing reform dress, and had begun to lecture on the related subjects of hygiene and dress reform. Addressing the assembled audience at the Syracuse Medical College Commencement in 1855, Walker declared

> How often has [the female] . . . been censured for being so slow to read or become acquainted with others! But how can she become well acquainted with another, while she is not acquainted with herself; and how can she be acquainted with herself, unless she possess a knowledge of her self intellectually, not only, but physically . . . She has often wondered how any one who fully appreciate [sic] the beauties and true enjoyment of science, can wish to debar any one from enjoying that which they estimate so highly. . . . She has of late cried as loudly for liberty as did Patrick Henry—her language is—my chains of circumscribed thought *must be sundered*. . . . Let me pursue the studies for which I have the greatest taste—theology, law, medicine, or whatever it may be.[27]

In 1862, Walker joined the army as a volunteer, having been refused a commission because she was a woman. While in the army, Walker adapted an officer's uniform, with pants, tunic, and greatcoat, to serve as her own uniform, enabling her to fulfill with greater efficiency and hygiene the functions of medical personnel. When she left the army at the close of the war, she continued to wear a version of the uniform she had devised.

At one time the president of the National Dress Reform Association (founded in New York State in 1856) and a frequent contributor to its organ, the *Sibyl*, as well as to other, more widely circulated periodicals regarding issues of dress reform, temperance, and women's suffrage, Dr. Mary Walker became notorious during her own time as a symbol of the eccentricities of the stereotyped "mannish" woman physician. The top hat and trousers which she adopted

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[27] "Commencement of Syracuse Medical College," *American Medical and Surgical Journal* 7 (April 1855): 149.

as she gradually converted her dress during the 1870s from a version of the reform garb known as the "American Costume" to an ensemble more closely modeled on male attire, gave form to such iconic caricatures of the woman physician as that which appeared as a cul-de-lampe in a book of humorous tales by Max Adler called *Out of the Hurly-Burly; or, Life in an Odd Corner*, published in Philadelphia and New York in 1874 (Figure 6). (The little book included a chapter about a fictitious woman physician from the Women's Medical College of Pennsylvania who, with her class of medical students in attendance, experimented on her husband while he napped). Anne Walter Fearn, M.D., a medical missionary to China during the late nineteenth and early twentieth centuries, recalled in a chapter of her autobiography titled "Shades of Dr. Mary Walker":

> I went to California in the summer of 1889. . . . On the train I was attracted by a lovely looking woman and although I never

FIGURE 6. Cul-de-Lampe from *Out of the Hurly-Burly, or, Life in an Odd Corner*, by Max Adler, 1874. *Courtesy of the Archives and Special Collections of Women in Medicine, Medical College of Pennsylvania.*

> spoke to her I overheard her brilliant conversation with others. I was told that she was a "woman physician." Incredible! Dr. Mary Walker in gentlemanly attire was our idea of a woman doctor and we, in our ignorance, considered her a sacrilege against womanhood.[28]

Fearn recounted further that when she declared her intention of training to become a woman physician herself, her mother responded:

> "No disgrace has yet fallen upon your father's name. Should you persist in carrying out your mad determination to study medicine I shall never again recognize you as my daughter." I knew the shade of Dr. Mary Walker, in trousers and a long-tailed coat, was stalking through my mother's mind. That settled it; I just had to study medicine![29]

Walker's appearance, however, did not lend itself only to the creation of the stereotyped, de-sexed image of the woman physician on which the popular prejudices reflected in Anne Fearn's memoirs and Max Adler's book fed. It served also as a highly recognizable figurehead for the causes which Walker championed throughout her life. Her surviving correspondence includes more than the predictably derogatory letters, such as one sent from a man in Washington, D.C. who proposed that "as your ideas of woman are not in consonance with the prevailing opinions of the people of the United States . . . [permit me to suggest that] you emigrate either to Turkey or to India . . . [where] you will be able to put in practice your ideas of woman's dress—by simply conforming to the customs of the country."[30] The correspondence contains as well staunchly supportive letters from such prominent personalities as Frank Fuller, Vice President of the Northern Pacific Railroad, who wrote to a friend of Walker's in June of 1896:

> I wanted to say to her the words which I have delighted to utter to the venerable Lucretia Mott . . . and to a multitude of ladies who have sought in the elevation of themselves the

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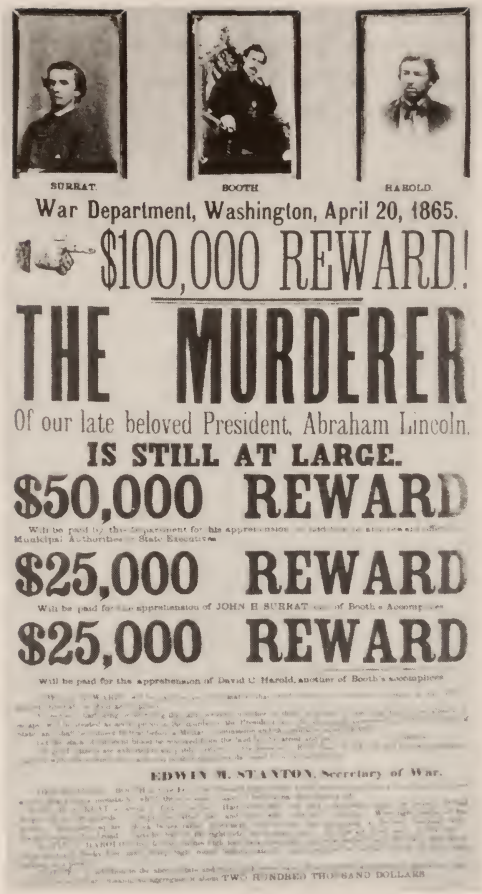
[28] Anne Walter Fearn, M.D., *My Days of Strength: An American Woman Doctor's Forty Years in China* (New York: Harper and Brothers Publishers, 1939), p. 11.
[29] Ibid, p. 12.
[30] John Howard to Dr. Mary Walker, May 15 (no year), Mary Edwards Walker, M.D., Papers, The George Arents Research Library for Special Collections, Syracuse University, Syracuse, New York.

disenthrallment of their sex, by their own example, from the realm of babyhood and the stature of toys. To be beautiful is woman's mission always; may she not add to this the mission of usefulness?[31]

209 Canal St.
Phoenixville, PA 19460

[31] Frank Fuller to J.L. Tarbox, June 19, 1866, Mary Edwards Walker, M.D. Papers.



SURRAT BOOTH HAROLD

War Department, Washington, April 20, 1865.

$100,000 REWARD!

THE MURDERER

Of our late beloved President, Abraham Lincoln,

IS STILL AT LARGE.

$50,000 REWARD

Will be paid by the Department for his apprehension

Municipal Authorities or State Executives

$25,000 REWARD

Will be paid for the apprehension of JOHN H. SURRAT one of Booth's Accomplices

$25,000 REWARD

Will be paid for the apprehension of David C. Harold, another of Booth's accomplices

EDWIN M. STANTON, Secretary of War.

TWO HUNDRED THOUSAND DOLLARS

FIGURE 1. Wanted Poster for John Wilkes Booth, 1865.

Is It the Body Of John Wilkes Booth?

Gretchen Worden

That was the question posed to Dr. John Frederick May, a prominent and respected Washington surgeon, by General Joseph Holt on 27 April 1865, as they were standing on the deck of the monitor *Montauk* in the Washington Navy Yard. Beside them was the body of a man who was alleged to be the assassin of President Lincoln. May was there to help confirm the identification of the body, since he had removed a tumor from Booth's neck sometime before. After examining the body and finding the scar from the operation on the back of the neck, he replied "I believe it to be, sir; I have no doubt that it is."

One hundred and twenty-nine years later, there are intelligent, rational individuals who believe that this distinguished physician and all the other witnesses who identified the body that day were deceived or lying, and that the body was not that of Booth. All this, despite one hundred and twenty-nine years of government officials and competent Civil War historians repeatedly stating that there is no valid reason to question Dr. May's opinion as given on 27 April 1865. How can this belief in the misidentification of Booth be maintained in the face of apparently overwhelming evidence to the contrary?

There are several reasons. First, there appears to be some discrepancies in contemporary accounts of the capture, killing, and autopsy of Booth that have never been resolved to the satisfaction of some investigators, and which they feel are evidence of a deliberate cover-up at the highest levels of government. Second, some of these investigators believe that there is reliable evidence that Booth survived the attempts to capture him and may have lived up to 38 years after his supposed death, and that his mummified body may still be extant.

Let me begin with a brief recounting of the events that took place between 14 April and 27 April 1865, including only those facts on which most authorities agree.

Shortly after 10:00 p.m. on Friday, 14 April 1865, John Wilkes

Booth entered President Lincoln's box at Ford's Theater in Washington, D.C., during a performance of the popular play "Our American Cousin." He fired a single bullet from a Philadelphia-made derringer into the back of Lincoln's head and then leapt twelve feet to the stage. (This was no great feat for one who had been called "the gymnastic actor"—it was said he rearranged entrances in Shakespeare so that they might be made in staggering leaps off precipices and battlements.)[1] However, he caught his spur in a flag decorating the front of the box and landed heavily off balance. Recovering, he sprang up, shouted "sic semper tyrannis" ("thus always to tyrants," the motto of the Commonwealth of Virginia), and fled backstage. Laura Keene, the principal actress in the play, stepped in front of the curtain and announced "Wilkes Booth has done this."

Booth went out the rear of the theater, jumped on his horse which had been held for him, and headed for the Navy Yard Bridge. He crossed, followed minutes later by David Herold, an accomplice. They finally caught up with each other about eight miles south of Washington, and proceeded to Mary Surratt's tavern in Surrattsville, Maryland, where they picked up guns and ammunition.

They next arrived at Dr. Samuel Mudd's house at 4:00 a.m., where Dr. Mudd took Booth to an upstairs bedroom and set his leg. The left fibula had been fractured at some time after he shot Lincoln. The ankle area being swollen, Mudd first had to cut off the boot, throwing it under the bed. He devised a makeshift splint and provided Booth with a crutch. He claimed later that he did not recognize Booth, though he had met him before, because Booth was wearing a false beard.

Booth slept for twelve hours. Booth and Herold left in the late afternoon. Most of the next ten days were spent hiding out in swamps and thickets, trying to cross the Potomac into Virginia.

During that time Booth had access to newspapers, and was stunned to read of the universal condemnation of his act. In his diary he recorded his thoughts for posterity: "April 14, Friday, the Ides—Until today nothing was ever thought of sacrificing to our country's wrongs . . . I struck boldly—I shouted Sic semper before I fired. In jumping broke my leg. I passed all his pickets, rode sixty miles that night with the bone of my leg tearing the flesh at every jump . . . "[2]

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[1] Lloyd Lewis, *Myths After Lincoln* (New York: Harcourt Brace and Co., 1929), p. 152.
[2] Michael W. Kauffman, "Booth's Escape Route: Lincoln's Assassin on the Run," *Blue and Gray* 7, no. 5 (1990): 17.

I have deleted much of this entry, leaving in the lines that show how Booth himself, certainly the closest eyewitness to the events, was not a reliable one. First, he refers to the 14th of April as the Ides—obviously harking back to the image of Brutus striking down Caesar on the Ides of March—a theme he often mentioned to friends and a role he saw himself playing in real life, though he played Mark Antony on stage with his brothers, Edwin and Junius Jr. Interestingly, his contrived parallel fails, datewise, because according to the Roman calendar the ides are either on the 13th or the 15th of any given month, and in April they happen to be on the 13th. This is probably simply an example of the fact that Booth was known to have difficulty at times in getting his lines straight. And as for shouting "Sic semper" before he fired, enough people in the theater heard him say that after he had leapt to the stage to allow us to discount his statement.

There is also a question as to whether or not he actually broke his leg during the leap, or afterward in a fall from his horse. He claimed the former in his diary, despite the fact that not a single eyewitness saw him limp after landing off-balance, and that many said he fell on his right hand and knee, though a bone in his left leg was broken. He told several people during his flight, even those who knew about the assassination, that his horse had fallen on him after leaving Surrattsville. This story was backed up by Dave Herold, and by a farmhand at Dr. Mudd's who took care of Booth's mare and reported she had a swollen shoulder and a fresh cut on her leg.

Booth and Herold finally ended up at Richard Garrett's farm in Virginia on 24 April, in the company of Willie Jett, a young confederate officer they had met that morning. Herold had told Jett that they had assassinated the President, and he volunteered to see them put up at the house of Garrett, whom he knew. He introduced Booth as "John William Boyd" according to the account of Garrett's sister-in-law, Miss Lucinda Holloway, who was staying with the family. Herold was introduced as "Dave Boyd," his brother. Both were supposed to be paroled Confederates. A later account written by one of Garrett's sons says Booth was called "James W. Boyd." Booth had apparently been traveling under the name of "John William Boyd," presumably because it went with the initials "JWB" that he had tattooed in India ink on his hand. There were many whom he encountered in his flight to whom he revealed his true identity as well.

Booth and Herold were welcomed into the family, and Booth slept upstairs with the Garrett boys that Monday night. Herold

slept at an acquaintance's house, returning the next day. They got the news that the Federals were closing in, and informed Garrett that they would prefer not to be seen, asking him to take them to a Confederate artillery outfit nearby. Garrett wanted to wait till morning, so the two agreed to be locked up that night in Garrett's tobacco barn.

That was where they were found at 2:00 a.m. on 26 April by a detachment of the 16th New York cavalry commanded by Lt. Edward Doherty, accompanied by Detective (Major) Everton J. Conger, of Secretary of War Stanton's National Detectives, and Luther Byron Baker, also a detective and cousin to Lafayette C. Baker, Chief of the National Detective Police.

The reports of the various participants in that night's events are tremendously varied, but the basic facts are as follows. Once the pursuers learned where Booth and Herold were, they surrounded the barn. Luther Baker positioned himself in front of the door, and ordered the fugitives to surrender. Herold was willing, and came out unarmed. He was tied to a tree in the yard. Booth would not give up, and Conger threatened to set fire to the barn, which he shortly did. Through the broad gaps between the barn planking, the soldiers could see Booth moving around, apparently beginning to panic, and then making a move toward the door. Suddenly someone fired a shot, striking Booth in the neck, shattering his vertebrae and partially severing his spinal cord. The credit for that shot was claimed by Sgt. Boston Corbett, who said he fired his revolver at Booth from a distance of a few yards.

Luther Baker was the first to reach him, followed by Conger shouting that Booth had shot himself. Baker reported later that he thought at first Conger had fired the shot, but decided quickly that if he had, it should be kept quiet. No one saw Corbett shoot, but Conger's official report identified him as the shooter. They dragged Booth out of the barn, first laying him under a locust tree and then, as the fire got too hot, moving him to Garrett's front porch where they laid him on a mattress.

The details of Booth's last hours—even how long they were—vary with the teller. Most accounts agree that Booth was shot shortly after 3:00 a.m.—possibly 3:30.[3] But his time of death has been given as early as 5:30 or as late as 7:00.

During that time Booth either was unable to speak intelligibly

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[3] T. Roscoe, *The Web of Conspiracy* (New York: Prentice Hall, 1959), p. 400.

(Surgeon general's report) or uttered the following phrases: "Tell Mother I died for my country," "I did what I thought was for the best," "Kill me, oh, kill me," "Did Jett betray me?," "My hands," and "Useless, useless."[4] The spinal injury had definitely left him paralyzed from the neck down—the last words are supposed to refer to his hands, which he asked to have raised up so he could see them.

A physician from Port Royal, Dr. Urquhart, had been sent for and when he arrived he made a superficial examination of the wound, said the patient could not live another hour, and left. As Booth lay dying, Conger went through his pockets, removing among other things Booth's diary. With these personal effects as proof of the identity of the man they had captured , he headed off to Washington.

After Booth died, his body was sewn up in a horse blanket and loaded onto a wagon. It was conveyed to Belle Plain, placed aboard a waiting steamer, taken to Alexandria, transferred to a tug, and taken across the Potomac to the Washington Navy Yard where it was placed on board the ironclad monitor *Montauk* in the early hours of the morning of 27 April.[5] Several of the co-conspirators were being held below deck.[6]

The commandant of the Navy Yard sent a note to Secretary of War Stanton that the body was "changing rapidly. What disposition shall be made of it?" Stanton and the Secretary of the Navy conferred before breakfast and sent this reply:

> You will permit Surgeon General Barnes and his assistant, accompanied by Judge Advocate Genl Holt, Hon. John A Bingham, Special Judge Advocate, Major Eckert, Wm. G. Moore, clerk of the War Dept., Col. L.C. Baker. Lieut. Baker, Lieut. Col. Conger, Chas. Dawson, J.L. Smith, Gardiner (sic) (photographer) and assistant, to go on board the Montauk, and see the body of John Wilkes Booth. Immediately after the Surgeon general has made an autopsy, you will have the body placed in a strong box, and deliver it to the charge of Col. Baker—the box being carefully sealed.[7]

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[4] Leonard F. Guttridge, "Identification and Autopsy of John Wilkes Booth: Reexamining the Evidence," *Navy Medicine* 84, no. 1 (1993): 20.
[5] Ibid.
[6] Ibid., p. 22.
[7] Ibid., p. 20.

Booth's body lay on a bench alongside the rotatable gun turret, under an awning. It was very warm for April.

Surgeon General Joseph K. Barnes and Assistant Surgeon Joseph Janvier Woodward came on board shortly before noon and proceeded without ceremony to loose the wrappings of the body. Barnes' report, submitted later that day, went as follows:

> Surgeon General's Office
> Washington City, D.C.
> April 27th, 1865
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> Hon. E.M. Stanton
> Secretary of War
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> Sir:
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> I have the honor to report that in compliance with your orders, assisted by Dr. Woodward, USA. I made at 2 PM this day a postmortem examination of the body of J. Wilkes Booth, lying on board the Monitor Montauk off the Navy Yard.
>
> The left leg and foot were encased in an appliance of splints and bandages, upon the removal of which, a fracture of the fibula (small bone of the leg) 3 inches above the ankle joint, accompanied by considerable ecchymosis, was discovered.
>
> The cause of death was a gunshot wound in the neck—the ball entering just behind the sterno-cleido muscle—2 ½ inches above the clavicle—passing through the bony bridge of fourth and fifth cervical vertebrae—severing the spinal chord and passing out through the body of the sterno-cleido of right side, 3 inches above the clavicle.
>
> Paralysis of the entire body was immediate, and all the horrors of consciousness of suffering and death must have been present to the assassin during the two hours he lingered.
>
> Very respectfully
> Your obt servant
> J.K. Barnes
> Surgeon General[8]

Testimony as to the identity of the corpse was taken from several of the 13 witnesses originally named, as well as from others called on board as needed. Charles Dawson, the clerk at the Na-

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[8] Joseph K. Barnes to Edwin M. Stanton, April 27, 1865. Records of the Adjutant General's Office, National Archives.

tional Hotel where Booth often stayed, said he recognized Booth both from his general appearance, and from the initials "J.W.B." tattooed on his left hand or wrist. Seaton Munroe, a Washington lawyer, said he had met Booth at the National Hotel and recognized him from his general appearance—"I do not think I can be mistaken."[9] Even the *Montauk*'s acting master and captain's clerk, both of whom claimed to have known Booth for about six weeks, were pressed to render their opinion that they recognized the body from its general appearance.

Dr. Merrill, a Washington dentist, arrived to pry open Booth's mouth and look for the two gold fillings he had recently put in Booth's mouth.[10] The most interesting testimony that day, in view of the questions it raised later, was that of Dr. John Frederick May, a prominent Washington surgeon and friend of Robert King Stone, Lincoln's personal physician. Here is his sworn and signed statement, in its entirety:

> *Q.* What is your name and occupation?
>
> *A.* My name is John Frederick May. I am a physician, residing in this city.
>
> *Q.* Were you acquainted with J. Wilkes Booth; if so, how long and under what circumstances.
>
> *A.* I was acquainted with him—I cannot with exactness give the date—but I should say eighteen months or two years ago. I could specify the time by reference to my books. He came to my house about that time and desired me to cut a tumor from the back of his neck. He was then playing an engagement, and desired to know if the removal of the tumor would prevent him from fulfilling his engagement. I told him if he would be careful not to make any violent efforts he would not. He then agreed to have the operation performed. I took the tumor out, and united the wound very closely. The union was a very close one. Booth played his engagement, and came regularly to my office for some two weeks afterward to have his wound dressed. He came some four or five days after the wound had united, with it all torn open, stating that in some part of a play, in which he said Miss Cushman (who, he remarked, was a

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[9] Guttridge, "Identification and Autopsy of John Wilkes Booth," p. 22.
[10] John K. Lattimer, "Similarities in Fatal Woundings of John Wilkes Booth and Lee Harvey Oswald," *New York State Journal of Medicine* 66, no. 1 (1966): p.1785.

strong, powerful woman) bore apart, she had either to throw her arms around his neck or to strike him—perhaps to strike him a blow, and she struck him on the tender cicatrix, tearing it completely open, and making a gaping wound, which had to fill up by the process of granulation. I told the Surgeon General these facts this morning, before I looked at the cicatrix at all, and said that he would probably find a large ugly looking scar, instead of a neat line. He said it corresponded exactly with my description. The scar looks as much like the effect of a burn as the cicatrix from a surgical operation.

Q. Have you, since you came on board this vessel, examined the dead body, which is alleged to be that of J. Wilkes Booth?

A. I have, sir.

Q. Will you state whether, in your opinion, it is the body of J. Wilkes Booth?

A. I believe it to be, sir; I have no doubt that it is. I believe I have only seen Booth once since the time to which I have referred.

Q. Do you recognize the body as that of J. Wilkes Booth from its general appearance, and also from the particular appearance of the scar?

A. I do recognize it, though it is very much altered since I saw J. Booth. It looks to me much older, and in appearance much more freckled than he was. I do not recall that he was at all freckled. I have no doubt that it is his body. I recognize the features. When he came to my office he had no beard, excepting a moustache.

Q. From the nature of this wound, even apart from the general appearance, you could not be mistaken as to the identity of the body?

A. From the scar, in connection with the recognition of the features, which, though much changed and altered, still have the same appearance, I think I cannot be mistaken. I recognize the likeness. I have no doubt that it is the person from whom I took the tumor and that it is the body of J. Wilkes Booth.[11]

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[11] John F. May testimony, 27 April 1865, Investigation and Trial Papers, National Archives.

May's first reaction, however, as reported by him in his 1910 article "The Mark of the Scalpel," was that "there is no resemblance in that corpse to Booth, nor can I believe it to be him."[12] It is this statement which is often seized upon by those who question the identification, disregarding more positive identification.

After Dr. May made his examination of the body, Barnes or Woodward cut out the third, fourth, and fifth cervical vertebrae and the damaged portion of the spinal cord. They were wrapped in brown paper and taken to the Army Medical Museum, where they were duly mounted and catalogued.[13]

The autopsy over, the body was removed under supervision of Lafayette Baker and taken to the grounds of Washington's old penitentiary, being used as an arsenal during the war.[14] It was buried under the floor of one of the former cells or in a large room.[15] Two years later, building renovations forced its removal to another location on the arsenal grounds, a large storehouse. The bodies of Mrs. Surratt, Lewis Powell, George Atzerodt, and David Herold, all executed on 7 July 1865, were also dug up and placed beside it.[16]

In 1869, Edwin Booth, supposedly to please his mother, asked that John Wilkes' body be turned over to the family. This was done on 15 February 1869, and it was taken to Baltimore, identified a second time by the dentist, Dr. Merrill, and buried in the family plot at Green Mount Cemetery.[17]

Otto Eisenschiml, author of *Why Was Lincoln Murdered*, says that Booth's uninjured leg still wore the boot, the mate of which had been cut off by Dr. Mudd and which is preserved in the Ford's Theatre Museum.[18] If found with the remains today, it would confirm the identification without any further investigation.

Joseph Edward Booth, the younger brother, supervised the identification (Edwin was not present). The general condition of the body was that the flesh had disappeared, leaving nothing but a mass of blackened bones.

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[12] John Frederick May, "The Mark of the Scalpel," *Records of the Columbia Historical Society*, (Washington, D.C.) 13 (1910): p. 51.
[13] Guttridge, "Identification and Autopsy of John Wilkes Booth," p. 23.
[14] Ibid.
[15] See Guttridge, "Identification and Autopsy of John Wilkes Booth," and F.L. Black, "Identification of J. Wilkes Booth," *Dearborn Independent*, May 2, 1925.
[16] Ibid.
[17] Ibid.
[18] Robert W. Prichard, M.D., and A.L. Herring, Jr., "The Curse of Cain ," *Surgical Gynecology and Obstetrics* 93 (1951): 650.

The first published reference to the specimens removed in 1865 was in an 1866 catalogue of the Army Medical Museum; the case was not identified by name and the wound was said to be caused by a conoidal carbine bullet. In the 1875 *Medical and Surgical History of the War of the Rebellion*, the trajectory and effect of the bullet were basically described in the same way, but the bullet was now from a pistol and other details have been added:

> Case._ J.W.B_____, was killed on April 26th, 1865, by a conoidal pistol ball, fired at the distance of a few yards, from a cavalry revolver. The missile perforated the base of the right lamina of the fourth cervical vertebra, fracturing it longitudinally and separating it by a fissure from the spinous process, at the same time fracturing the fifth vertebra through its pedicle, and involving its transverse process. The projectile then traversed the spinal canal almost horizontally, but with a slight inclination downward and backward, perforating the cord, which was found much torn and discolored by blood. (See Specimen 4087, Sect.I, A.M.M.) The ball then shattered the bases of the left fourth and fifth laminae, driving bony fragments among the muscles, and made its exit at the left side of the neck, nearly opposite the point of entrance. It avoided the large cervical vessels and the filaments of the second and third cervical nerves. These facts were determined at the autopsy, which was made on April 28th. Immediately after the reception of the injury, there was very general paralysis. The phrenic nerves performed their functions; but the respiration was diaphragmatic, of course, and labored and slow. Deglutition was impracticable, and one or two attempts at articulation were unintelligible. Death, from asphyxia, took place about two hours after the reception of injury.[19]

Ironically, this specimen would in 1867 be housed in the next home of the Army Medical Museum—Ford's Theater. Those specimens are now in Bethesda, Maryland, in the National Museum of Health and Medicine (formerly the Army Medical Museum). The spinal cord has been embedded in plastic, and the vertebrae are mounted with a plastic rod showing the path of the bullet.

There is apparently yet another piece of the body from the *Montauk* remaining above ground, and that is a small portion of

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[19] *Medical and Surgical History of the War of the Rebellion (1861–1865)* Part 1, Surgical Volume (Washington, D.C.: Government Printing Office, 1870), p.452.

flesh in the Mütter Museum of the College of Physicians of Philadelphia. The facts of its donation and subsequent examination are given here in full for the first time.

In "A Curator's Story of the Mütter Museum and College Collections," an account of her thirty-one years at the museum beginning as clerk under Dr. Joseph McFarland in 1939, Ella Wade wrote:

> No one should be surprised at what he may find in a medical museum where objects have accumulated since 1849, but it was something of a shock to one day find in the nether regions of a filing case a Royal Baking Powder can containing, according to the attached label, a "Piece of the thorax of John Wilkes Booth, the Assassin of President Lincoln April 14, 1865 procured at the postmortem on the 'Monitor', opposite the Navy Yard, Washington, by the Surgeon General and Staff, and presented by Mr. George W. Hallowell, messenger to the Surgeon General." A small bottle inside the can contained the specimen. Dr. Joseph McFarland, then curator, was not at all excited by the discovery, and hurriedly replaced it in the drawer with the curt remark, 'Less said about it the better.' So there it has remained, almost forgotten by the present curator and probably unknown to almost everyone else. But this small piece of human anatomy is an accepted and catalogued museum specimen and should be on exhibit, if for no other reason than the part taken by the medical profession in the tragedy. Six physicians either attended Lincoln at the time of the assassination or were present when Dr. J.J. Woodward performed the autopsy on the body later.[20]

The label on the can no longer exists. There is instead a handwritten label on the bottle, which may or may not be contemporary, which identifying it as "Piece of the Thorax (Cavity of the Chest) of J. Wilkes Booth [Figure 2], April 14, 1865 The assassin of President Lincoln. Procured and presented by the messenger of the Surgeon General."

Museum records provide at present no information as to when the specimen was actually presented to the museum, and the archives at the National Museum of Health and Medicine are unable to tell us who Mr. George W. Hallowell was. Further research is needed.

Recently there have been two non-invasive examinations performed on the specimens allegedly removed from the body on the

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[20] Ella N. Wade, "A Curator's Story of the Mutter Museum and College Collections," *Transactions and Studies of the College of Physicians of Philadelphia*, 4th ser., 42, no. 2 (1974): 149.

FIGURE 2. Piece of Thorax of John Wilkes Booth, Specimen no. 13671.00. *Courtesy of the Mütter Museum, College of Physicians of Philadelphia.*

Montauk. The first took place at the National Museum of Health and Medicine. The journal *Navy Medicine* published in 1993 an article by Leonard F. Guttridge on the Booth autopsy, and in response to their request, a team of forensic pathologists and anthropologists for the National Museum of Health and Medicine and the Armed Forces Institute of Pathology examined the vertebrae and spinal cord and were able to establish that the fatal wound entered high on the right and exited low on the left side of the neck, that it was not self-inflicted, and that while the posterior aspect of the spinal cord exhibited severe damage consistent with a result of quadriplegic paralysis, the anterior aspect was intact and might have permitted respiration to continue for several hours.[21]

On 17 April 1993, a radiographic study of the specimen in the Mütter Museum was conducted, prompted by the resurgent interest in the Booth identification controversy. Close visual observation of the

[21] Guttridge, "Identification and Autopsy of John Wilkes Booth," p. 26.

bottle beforehand indicated that it contained, besides the tissue specimen, a single black hair and a piece of bone on the bottom. X-rayed, it appeared to consist of muscle with fragments of bone embedded in it.

It is not definite from which part of the body the specimen was taken, but the Barnes autopsy report would indicate it might have come from the neck region, close enough to the shattered cervical vertebrae to have the fragments of bone embedded in it as described in the *Medical and Surgical History of the War of the Rebellion* account. The tissue could have been taken from the lower neck, an area at least proximate to the thorax, hence giving rise to that otherwise inexplicable part of the label. A standard autopsy, in which the chest cavity would have been opened, does not appear to have been done according to any surviving accounts, nor would there have been any reason to do one in order to determine cause of death. There is nothing to indicate if the piece was removed on the *Montauk*, or later at the Army Medical Museum when Woodward was cleaning tissue off of the vertebrae to prepare them for mounting.

Given the foregoing information, how can one understand the recent petition submitted to the Baltimore courts to exhume the body supposed to be that of John Wilkes Booth, on the premise that serious doubt may be cast on its proper identification? This request is based on certain premises which all have their root in the idea that some parties, and Secretary of War Edwin Stanton is prominent among the suspects, wished to be able to produce a captive or dead assassin of the late President, known to be John Wilkes Booth, and knowingly attempted to convince the public of that fact by arranging for an official identification as the assassin of the body of another man who was intentionally or accidentally masquerading as Booth. This theory of course requires that the real Booth escaped from Garrett's barn before the 16th Cavalry arrived. Many are the stories of Booth's subsequent appearance in various parts of the world. The most persistent is that promoted by a book written by Finis Bates, which claims that the real Booth ultimately committed suicide in 1903 in Enid Oklahoma, after which his body was embalmed by a local undertaker and was exhibited on the carnival and sideshow circuit for years, until it either disappeared near Chicago in the 1940s or disappeared in Philadelphia in the 1970s, depending on which story one believes.[22]

This otherwise preposterous theory would gain no credence among intelligent individuals were it not for the large number of

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[22] Finis L. Bates, *The Escape and Suicide of John Wilkes Booth, Assassin of President Lincoln* (Memphis: Pilcher Printing Co., 1907).

discrepancies which occur among contemporary accounts of the John Wilkes Booth story, and which persist today in the published discussions of those historians most interested in dispelling the myths about Booth's death and burial. There is also a body of purported evidence existing about a possible conspiracy to assassinate President Lincoln, between Booth and government officials, which, while it may have nothing to do with the actual events surrounding the hunt and capture of Booth, certainly contributes to a continuing distrust of official government records of the assassination, regardless of their origin or subject matter.

As to the identification of the body on the *Montauk* as Booth, for which purpose the witnesses were called together on 27 April 1865, there would seem to be little doubt that some of them had known Booth in life and were familiar with certain identifying details of his body as well as of its overall appearance, and were therefore qualified to give the positive identification that they did. Their opinions were supported by unofficial observers who saw the body on the boat or at the Garrett farm. The personal effects removed from Booth before he died on Garrett's porch were also of a nature (such as a gift pin fastened to his underwear) that would be extremely unlikely to have been transferred to a ringer, and can only discourage belief in that possibility. Identification of the body transferred from Washington to Baltimore in 1869 seems to have satisfied the family, who had ample opportunity to view it between the time it arrived in Baltimore (15 or 16 February 1869) and the time it was buried in the Booth family plot in Green Mount Cemetery (26 June 1869). To date there has been no discussion known to this author of why the reburial took so long, though other lacunae in the chronology of the body's travels have been much commented on.

Despite what seems to be convincing evidence, one can gain sympathy for those Doubting Thomases who still wonder about "Who is Buried in Booth's Tomb." When we review the historical and contemporary accounts of the physical attributes of Booth, we find that there is no consensus as to the following details, many of which were used to identify the body on the *Montauk* and the carnival mummy. Were the body in Baltimore to be exhumed (presuming it to be sufficiently intact, which is doubtful), one does not even know what to look for. Will it be 5'6", 5'7", 5'8", or 5'9 ¾" in height? Will there be evidence of a stage sword wound above the right eye, giving the eyebrow a characteristic "upriding"?[23] Will his legs be bowed, as suggested by

[23] Richard E. Sloan, "The Mummy's Examination," *Lincoln Log* (1976) (reprinted in the *Surrat Courier*, May 1991).

his schooldays nickname "Billy Bowlegs" (after an Indian Chief, according to a his sister[24]), or knockkneed or turned in at the ankle as suggested by an observation made of the inner heel and sole wear in the surviving boot in the Ford's Theater Museum,[25] or perfectly straight and well-formed, as seen in the only known photograph of his legs, taken while he was acting the part of Mark Antony in Julius Caesar with his brothers, November 25, 1864?

Will his right thumb be cocked up and deformed from an old stage rigging injury, or did that accident happen to his father, as one source claims is reported by his sister Asia?[26] Will the initials "J.W.B.," pricked in India ink, be on his right hand, as supposedly claimed by his sister Asia and by the Army's provost marshal general in Baltimore,[27] or on his left as claimed by Charles Dawson, the National Hotel clerk who helped identify the body on the *Montauk*, and by James O. Hall, one of the premier Booth historians today?[28]

These are just a few of the disagreements that exist today as to the simplest facts of Booth's appearance. One despairs of finding resolution of these ambiguities within the historical record, which seems rather to spawn them, not eliminate them, and one longs for the circumstantial (i.e., scientific) evidence that will settle them for all time. Where is that to be found?

The simplest answer, if the question were simply whether or not John Wilkes is buried in his tomb, is to attempt a DNA comparison between existing collateral relatives of John Wilkes, and whatever DNA can be salvaged from the specimens in the Mütter, the National Museum, or in various hair samples extant (a dubious source unless the roots are attached). If the Mütter Museum specimen can be shown to have come from the same body from which the specimens were taken for the National Museum of Health and Medicine, which was the body examined on the *Montauk* and later transferred to Green Mount Cemetery, then it can be a substitute for the buried body insofar as being a source of DNA is concerned and may actually have better quality DNA, given the probable state of decomposition of the remains. However, the problem is in obtaining Booth family DNA with which to compare that from the specimen, and it is not certain that the DNA derived from collateral descendants of

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[24] Asia Booth Clarke, *The Unlocked Book, New York* (New York: G.P. Putnam's Sons, 1838), p. 58.

[25] *Sunday Star*, Washington, D.C., May 17, 1925.

[26] See Sloan, "The Mummy's Identification."

[27] Guttridge, "Identification and Autopsy of John Wilkes Booth," p.21.

[28] James O. Hall, "Unsolved Mysteries Revisited," *Surratt Courier*, November 1991.

Booth will be adequate for that purpose. There may be no other completely satisfactory source of Booth family DNA than that of Mary Ann, Booth's mother, who is buried in the same plot.

The DNA analysis in any case will only answer the identification question, which is not seriously in doubt according to the best scholarly opinions, factual ambiguities notwithstanding. It will not resolve the many other questions which continue to interest historians. Total exhumation of the remains of John Wilkes Booth will be the only answer to the questions regarding his height, deformities, clothing, and injuries, both from before and after the events of 14 April 1865. The dilemma is, are these serious enough questions to warrant exhumation, which is certainly not to be undertaken frivolously or casually.

Exhumation is very tempting. The opportunity exists to destroy once and for all an entire mythology surrounding an event of tremendous historical and psychological importance for the country. What stands in its way? Living relatives, including the legal owners of the family plot, have all given their approval to the petition now before the Baltimore courts. A reverence for the sanctity of buried human remains has been mentioned as a reason for letting the bones "rest in peace," but it was no deterrent to their frequent relocation in the past. The remains of Booth, which were originally buried in 1865 in the former penitentiary in Washington, were first moved in 1867 because of building renovations, and were moved again in 1869 at the request of the family from Washington to Baltimore. As to the remains of Booth's siblings who predeceased him, which are reportedly in a box placed on top of his coffin, they were removed from their grave at the family home in Bel Air, Maryland, at their mother's request and placed there when he was reburied in 1869. It scarcely seems appropriate to invoke the issue of removal of remains when this one look would be the last ever needed, since it would be the first look taken by scientists and historians. Forensic pathologists and anthropologists from the National Museum of Health and Medicine and the Smithsonian Institution have volunteered their services in conducting a thorough examination and documentation of the remains.

Would Mary Ann Booth, or any other member of her family, cavil at a final exhumation of the body in order to settle, once and for all, a question that was so important to them at the time, "Is it the body of John Wilkes Booth?" I think not.

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Invisible Killers: Heavy Metals, Saturnine Envy, and the Tragic Death of Raphaelle Peale

Phoebe Lloyd

What makes the difference between scholars, I am convinced, is not the degree of their industriousness. It is the quality of their intuitions. A powerful intuition fuels the imagination to keep on the long journey toward a new world view—which by its very nature will not at first receive a warm reception. Nor does the formulation of this world view come all at once, but rather from subjecting a discrete body of material to microscopic inspection. The subject under scrutiny here is an ailing artist, the early nineteenth-century still life painter Raphaelle Peale.

My insights into Raphaelle's artistry began with a single intuition. I did not believe that an artist who had his compositional field so under control, and the touch of his brush so purposively plotted, would be in his private life a stumblebum drunk (Figure 1). That was the conventional wisdom first promulgated by Charles Coleman Sellers, chronicler of the Peale clan and a direct lineal descendant of the pater familias, Charles Willson Peale. My intuition, formed as a graduate student after I first saw Raphaelle's still lifes in 1975, pitted me against Sellers and the literature he influenced. By 1988, it also pitted me against those who had organized the National Gallery of Art's 1988 Raphaelle Peale exhibition.[1] None more so than Lillian B. Miller, editor of *The Selected Papers of Charles Willson Peale and His Family* and conduit of Seller's view to the next generation.[2]

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[1] Nicolai Cikovsky, Jr., *Raphaelle Peale Still Lifes*, with contributions by Linda Bantel and John Wilmerding (Washington, D.C.: National Gallery of Art, 1988). Cikovsky relied to a considerable extent upon the expertise of the staff of the Peale Family Papers, as his acknowledgments make clear.

[2] See *The Selected Papers of Charles Willson Peale and His Family*, Lillian B. Miller, Sidney Hart, eds. Vol. 1, *Charles Willson Peale, Artist in Revolutionary America* (New Haven and London: Yale University Press, 1983), which is dedicated to the

FIGURE 1. Raphaelle Peale, "Still Life with Pot au Creme, Wine Flask, and Lemons in a Reticulated Fruit Bowl," ca. 1822. *Courtesy of the Reading Public Museum and Art Gallery.*

My own research began in earnest in 1986 when I went to the American Philosophical Society, the archival repository for the Peale-Sellers Papers. There I found on the first day the clue to unravel the mystery of Raphaelle's physical and characterological disintegration. Requesting the "Memoirs" of Raphaelle's nephew [George] Escol Sellers, because he left the most extensive biographical reports about Raphaelle, I read:

> [h]ow much more likely was Uncle Raphael's [sic] case one of mercury and all his gouty suffering also from the same cause

memory of Charles Coleman Sellers. The full extent of Sellers's influence is acknowledged in the project that proceeded Vol. 1, *The Collected Papers of Charles Willson Peale and His Family: A Guide and Index to the Microfiche Edition*, ed. Lillian B. Miller (Millwood, NY: Kraus Microform, 1980). Here Miller explicitly states: "We are especially indebted to Dr. Charles Coleman Sellers, who in every way shared his researches and interests with us. He was a constant source of information and wisdom from the inception of the project." (p. 31) As a point of clarification, the highest degree earned by Sellers was an M.A. from Harvard in 1926.

> . . . Arsenic was all that was used for birds and small animals, but by its use the skins and hair of larger animals were not protected from the ravages of moths and other insects and Bichloride of Mercury, Corrosive Sublimate, was resorted to.[3]

Trained as a mechanical and civil engineer, Escol Sellers had, arguably, the best mind the Peale-Sellers families ever produced. His was not a report to be discounted out-of-hand. Escol detailed Raphaelle's infirmities as similar to those of another man, Terry Nash, whom Escol had encountered when both were adults. Nash suffered from mercury poisoning because his doctor prescribed calomel (mercurous chloride, HgCl, a combination of metallic mercury and corrosive sublimate) for his malaria. Escol recalled a like deterioration in his uncle and stated that both men exhibited "chalk knuckles" and "loss of teeth and all the bones of the upper jaw."[4] Reasoning empirically, Escol then diagnosed his uncle by drawing an analogy to a man who suffered similarly and whose diagnosis was certain. But what he deduced retrospectively I would have to adduce again in the present. I would learn soon enough that vested interests hoped for another set of conclusions.

That evening I began what would become an eight-year collaboration with a doctor of internal medicine and specialist in postmortem diagnoses, Gordon Bendersky. Our original supposition—that Raphaelle Peale endured heavy metal poisoning for the twenty-one year span of his adult life as taxidermist in the family's Philadelphia Museum—was published under my name in 1988 in *Art in America*.[5] But Lillian Miller adhered to Sellers's speculation that Raphaelle suffered from alcoholism compounded by gout. In her mind, the received canon was not susceptible to reinterpretation.

Anchored though Miller was in the authority of her editorship, this strategy of non-rebuttal was in retrospect a curiosity. Initially it would make Bendersky and myself more determined to join the issue on the contest ground of scientific debate. After all, doctors would find it unacceptable to dogmatically criticize without first establishing the rules for criticism. Did our theory divvy with logical, unequivocal facts, the facts themselves having been tested against a variety of contexts? Conversely, what accounted for Miller's eight-year silence if she had the requisite counterproof? Whatever Miller's

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[3] Sellers, G.E. to Sellers, H.W. Memoirs. Miscellaneous reminiscences, Escol Sellers Papers, Book VIII, p. 8. American Philosophical Society Library, hereafter APS.
[4] Ibid., pp. 7–8.
[5] Phoebe Lloyd, "Philadelphia Story," *Art in America* 11 (1988): 154–71, 195–203.

rationale, two realizations crystallized in the absence of dialogue. One, she commanded no methodology grounded in science. Two, her knowledge of the archive she edited was abridged.[6]

After 1988 Bendersky and I began our collaboration in earnest. We proceeded according to the deductive scientific method used in medicine. Gathering information from the three extant contemporary sources, the correspondence of Raphaelle's father, Charles Willson Peale, C.W. Peale's 1817 portrait of Raphaelle, and Escol's "Memoirs," we prepared a twenty-three year case history of the patient. Next, we matched Raphaelle's symptoms against those in the vast literature on heavy metal poisoning, and put together a table dividing the patient's symptoms between arsenic and mercury poisoning. We then focused our explanation on those symptoms which could be attributed to neither alcoholism nor gout, but to heavy metal poisoning exclusively, symptoms such as patchy alopecia, maxillary bone necrosis, obstipation, and terminal gangrene.

Refining our argument over a five-year period, Bendersky and I succeeded in placing our article in a juried scientific periodical.[7] But this circumstance, however fortunate for us, did not serve the principle of scientific inquiry because the press became involved before there could be a dialogue among scholars. William Honan of the *New York Times* read the article in galley, then invited Miller's now last minute rebuttal. Her verbal answer to one query, though not published, threw the needed light on her *modus operandi*. Honan asked Miller why she had remained indifferent for so many years to an alternate explanation of Raphaelle's physical condition. Miller replied that to satisfy Yale University Press, publisher of the *Selected Papers*, she had located an art historian "'outside the fray'" who had assured the editors: "'There is nothing to Phoebe Lloyd's argument.'"[8] Apparently no one at the Press demurred.

Therefore, when the mollified Press brought out Volume 3, Miller was free to lodge her medical documentation in a single source, the *Oxford English Dictionary*. In order to dispatch Raphaelle's heavy metal attack of 1815, where there is the only sur-

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[6] See fn. 45.

[7] Gordon Bendersky and Phoebe Llloyd, "Arsenic, an Old Case: The Chronic Heavy Metal Poisoning of Raphaelle Peale (1774–1825)," *Perspectives in Biology and Medicine* 36, no. 4 (1993): 654–665.

[8] In conversation with William Honan, June 25, 1993, in preparation for his article "Suspicions of Hatred in a Family of Artists," *New York Times*, July 5, 1993, pp. C13, 18.

viving contemporary description of his violent and almost continuous suffering from abdominal pain and obstipation, Miller adduced gout. She interpolated a critical part of the *O.E.D.* definition ["it often spreads to the larger joints and the internal organs"] to read: "it often spreads to the larger joints and internal organs, *especially the stomach*, and is extremely painful."[9] Gout, as the medical community knows, never attacks a systemic organ, like the stomach (the kidney excepted), and the *O.E.D.* never defined gout that way. Here is an initial specimen of Miller's method when there is no referee from the scientific community. She alters the medical data in such a way that only an expert can readily recognize her specious reasoning.

When Miller finally located a venue for her rebuttal in the April issue of *M.D.*, two key issues emerged: how long Raphaelle functioned as taxidermist and whether mercury was employed in the taxidermal process. Miller made a threefold claim: that Raphaelle "worked in his father's museum at the most five years (1789 to October 1793) at unspecified duties" and sporadically up to 1802; that other Peales performed taxidermal chores and lived into their eighties; and, finally, that mercury was not used in preservation because no mention of mercury occurs in the writings of Charles Willson Peale.[10] By this maneuver Miller hoped to discount those symptoms arising from heavy metal poisoning, especially mercury. What are the facts?

One naive assumption among moderns is that multitudinous data about everyday life has always existed because we live with an overplus of information. But in past times such information was roughly proportionate to the importance of the individual. Monarchs' lives are easier to track on a day to day basis than burghers', a burgher's easier than a peasant's. The Peales fall within the range of burghers. They were numerous and literate and left a plethora of documents which seemed, by the third generation in America, worthwhile saving. Nevertheless, for no Peale can we plot activities daily throughout a lifetime. As to their work at the family-run museum, no male punched a time clock. There is nowhere extant a continuous official record of employees or their duties. The evi-

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[9] Emphasis mine. *Selected Papers of Charles Willson Peale*, Lillian B. Miller, Sidney Hart, eds. Vol. 3, *The Belfield Farm Years, 1810–1820*, p. 364, fn. 1. In Miller's most recent publication, *In Pursuit of Fame: Rembrandt Peale 1778–1860* (Washington D.C.: National Portrait Gallery, 1992), p. 148, she adds to Raphaelle's list of ills for the first time "liver disease," while adducing no medical proof.

[10] Lillian B. Miller, "Letters," *M.D.*, 38, no. 4 (1994): 10, 12.

dence we do have was put down randomly in correspondence between family members, or more methodically in Charles Willson Peale's diaries and autobiography.

One cannot stipulate for Raphaelle a specific tenure as taxidermist. Raphaelle's apprenticeship began in 1788 when he accompanied his father on a trip to Maryland where they shot and preserved specimens from May to November. His first solo taxidermy assignment occurred in 1793 when, at age 19, his father sent him by himself to Cayenne, French Guiana to collect South American specimens for the museum. After that, he could have worked at the museum for parts of every year he was in Philadelphia, and he usually was in Philadelphia from 1798 onward. In November of 1798, Raphaelle's father left him in charge both of the museum and the household when he traveled to New York City.[11] Thereafter, Raphaelle resided in Philadelphia from 1799 to 1802, late 1803, 1805 to 1810, 1812 to 1817, and from 1819 to the year of his death, 1825. Indeed, two specific references push his taxidermal chores into the years 1821–22. In August of 1821, after Raphaelle returned from Maryland, he and his father had to work quickly as a team after an elk died on C.W. Peale's Germantown estate of Belfield: "Having my Son Raphaelle some days past and on my return from the City [Philadelphia] last night, found the Elk sick, and this morning rising early, I found him dead, of course I must be deligint [sic] to preserve him."[12] Peale probably returned the elk to the city by cart, for only the museum's preserving room would have been equipped to handle so large a carcass. Another challenge presented itself in the form of a curiosity, a two-headed calf. The Museum accession book, on the page for February 1822, reads: "Double headed calf's head prepared by R.P. which was presented by Mr. Jarvis Webster. May 24. 1821."[13] By a process of elimination, "R.P." must be Raphaelle, for his brother Rembrandt never preserved specimens and was, in any case, in Baltimore running his museum there; his other brother, Rubens, as we shall see, was disinclined to taxidermy by this date.

There is ample evidence that the senior Peale instructed certain of the male children to handle arsenic and mercury—Rembrandt, his

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[11] Raphaelle Peale, November 25, 1798, Philadelphia, to Charles Willson Peale, New York, C.H. Hart Collection, Smithsonian Institution Archives of American Art.

[12] Charles Willson Peale, August 7, 1821, Belfield, to Pierce Butler, APS. In 1821 Peale named Butler one of five trustees of the Philadelphia Museum.

[13] Museum accession book, February, 1822, p. 118, Historical Society of Pennsylvania.

favorite, excepted. Rubens recalled in his memorandum: "At an early period my father instructed me in the art and mistery [sic] of preparing Birds and other subjects of Natural history."[14] In the process, Rubens stated specifically: "we have to make use of arsenic & corosive [sic] sublimate."[15] Rubens arranged his memorandum chronologically and since the next entry is dated 1801, Rubens, born in 1784, could not have been older than seventeen when he took up taxidermy. Note that Rubens referred specifically to corrosive sublimate or bichloride of mercury which is an extremely toxic form of mercury. The young Peales used it with their father's tacit approval even though he was aware of the dangers involved. As early as 1791, Peale set down Pierre Toussant Navier's "Anecdotes [Antidotes] against the Poisonous effects of Arsenic, Corrosive Sublimate, Verdigrease, and lead."[16] Here he specifically observed: "The Remedies adapted to corrosive sublimate are the same with those employed against Arsenic."[17] Peale's stated concern allows us to date the introduction of corrosive sublimate for preservation purposes to 1791. He needed this substance because mercury in this form is both a disinfectant and fungicide. In order not to lose this necessary remedy, Peale recopied it in full three years later in his Memorandum Book.[18]

By his early thirties, and before 1820, Rubens in his own person presented his father with living proof of taxidermy's dangers: "the dust & fumes of these poisins [sic] so affected stomach that it brought on indigestion, sick head ach [sic] and piles." [19] Apparently doctors were consulted and advised large doses of country air, for Rubens recalled: "My health not being very good, it was recommended that I should be as much in the country as I could spare time for . . . and that I should ride on horseback."[20] After Rubens ac-

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[14] Rubens Peale, Memorandum, Rubens Peale Correspondence, p. 18, n.d., APS.

[15] Ibid. Rubens's abhorrence of mercury in any form was so great that he stated elsewhere in the Memorandum (n.p.) his refusal to take calomel for fever.

[16] *Selected Papers*, Vol. 1, pp. 575–76. Peale is extracting antidotes from Navier's *Contre-poisons de l'arsenic, du Sublime corrosif, du verd-de-gris et du plomb. Suivis de trois dissertations* (Paris, 1777).

[17] Ibid., p. 576. Peale also was conversant with Pliny's *Natural History* where, in Book XXXIII, Pliny instructs artists polishing cinnabar to wear animal bladders as masks because the dust is pernicious. (Cinnabar, yielding a red pigment, is sulphide of mercury.) For the Peales and their knowledge of Pliny, see Dorinda Evans, "Raphaelle Peale's 'Venus Rising from the Sea': Further Support for a Change in Interpretation," *American Art Journal*, (1982): 67, 69, and fn. 13.

[18] Charles Willson Peale, Memorandum Book, August 10, 1794, APS.

[19] Rubens Peale, Memorandum, p. 18.

[20] Ibid.

quired his own museum in New York in 1825, he hired others to perform the preservation of specimens, four of whom he named in his memorandum, detailing their proficiencies and failings.[21] Thus did Rubens live into his eightieth year.

Another brother, Titian II, performed taxidermal chores after returning to Philadelphia from the Long Expedition in 1821. For reasons that will become obvious, Titian II felt it necessary to experiment with new procedures, as we learn from an exchange initiated by Rubens: "I am sorry to bother you at this time, but almost all the subjects that I used the Corosive [sic] Sublimate with, are either attacked by the Dermestes or the moth, it therefore becomes necessary to wash them with a solution of Arsenic, and as you have made many improvements on the subject I wish information from you."[22] Four years after his brother's request, Titian II published a manual on taxidermy. His improvements were to the end of greater safety: immerse the pelts of large animals in a keg containing alcohol and corrosive sublimate, then cover the keg; sprinkle the skins of birds with arsenic.[23] Thus did Titian II live to eighty six.

Titian II and Rubens come well down in the birth order. Charles Willson Peale first trained two older brothers, Raphaelle and Titian I, and they functioned without the benefits of Titian II's "precautionary" taxidermy. Miller, in her *M.D.* rebuttal, contends that Titian I died of yellow fever. But this is unlikely because yellow fever victims usually succumbed within days to the violent symptoms, whereas Titian I fell ill by early August of 1798 and did not die until September 18th.[24] Someone with scientific competence may wish in the future to prove that his death at 18 was due to heavy metal poisoning. Our subject, however, is Raphaelle, whose medical history we established from the extant data. Once again Escol Sellers provides an account of the working procedure whereby his uncle Raphaelle was exposed to heavy metal poisoning: "He was a very accomplished Taxidermist and after the death of the first Titian did all of the larger animal preparation for the Museum . . . The skins

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[21] Ibid., pp. 21, 21 verso (please note: in the pencilled pagination there are two pages numbered 21).

[22] Rubens Peale, May 25, 1827, to Titian Peale, APS.

[23] Titian R. Peale, *Circular of the Philadelphia Museum: Containing Directions for Preparation and Preservation of Objects of Natural History* (Philadelphia: James Kay, Jun. and Co., 1831), pp. 11–12, 17–18.

[24] For excerpted details of Titian I's lingering illness, see the *Selected Papers*, Vol. 2, Pt. 1, p. 224, fn. 2, pp. 224–25. For full documentation the reader must resort to the archival repository at the APS.

were soaked in a liquid solution (Alkali) and this was freely handled by Uncle Raphael [sic] for days together."[25] Elsewhere, Escol summed up Raphaelle's person in a single word: "wreck."[26]

Escol, born in 1808, had a phenomenal memory with recall from age four. He culled that memory, beginning at age seventy four, for a series of articles that the *American Machinist* ran about inventions and mechanicians in Philadelphia's scientific heyday. The Smithsonian Institution judged these articles worthy of republication in 1965, and at that time Escol's recollective capacities drew an encomium from the editor, Eugene S. Ferguson:

> It is quite remarkable that the reminiscences of an old man . . . of events that occurred more than 50 years earlier should stand up so well under careful testing of his factual statements against those contemporary with the events described . . . Even when his details can be disputed, which is seldom, his broader strokes paint a likeness that lets us see a real person where there would be otherwise only a name.[27]

Escol's mind fastened on facts like a steel trap on a wolf's paw. According to his account, Uncle Raphaelle bore the brunt of taxidermy, and this observation can be dated as early as 1812, or from Escol's fourth year. Certainly Escol's grand nephew, Charles Coleman Sellers, did not dispute this assessment when he came to write his biographies. However, the latterday Sellers got around the difficulty of Raphaelle's physical decline by omitting Escol's verbatim recital and substituting Charles Willson's vision of himself as the benighted but beleaguered father who begot a prodigal, besotted and crippled by gout.

Unwittingly, the father himself left incriminating evidence behind. In 1817, Raphaelle sat to his portrait as his father meticulously brushed in his patchy alopecia. The male Peales went bald in two ways. Rembrandt and his father lost their hair at the dome, leaving a tonsure. Raphaelle followed his mother's side of the family, with hair loss first at the temples in a fashion called pattern balding. In the portrait, however, Raphaelle's hair has receded prematurely, falling out at the temples, then growing back in a manner now commonly seen in chemotherapy. As such, his hair growth is labeled patchy

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[25] G.E. Sellers, Memoirs, Book VIII, p. 8–9.
[26] G.E. Sellers, January 21, 1897, Crestview, to Coleman Sellers, APS.
[27] *Early Engineering Reminiscences (1815–40) of George Escol Sellers*, Eugene S. Ferguson, ed. (Washington, D.C.: Smithsonian Institution, 1965), pp. xi–xii.

alopecia, a symptom of arsenic poisoning not yet identified in the early nineteenth century.

Of all Peale's male children who lived to adulthood, Raphaelle's life yields the fewest artifacts. There are only five known autograph letters, none of which came down through the family. Careful sifting through the archival material reveals that in Raphaelle's own generation other family members began to expunge his memory. The first indication that there was a collective wish to consign Raphaelle to oblivion comes from his younger brother, and rival, Rembrandt. When William Dunlap was gathering biographies for his lives of the artists, he interviewed Rembrandt. Raphaelle was by then dead, so Rembrandt was free to dismiss Raphaelle with two sentences only. He told Dunlap that "'Raphael was a painter of portraits in oil and miniature, but excelled more in compositions of still life. He may perhaps be considered the first in point of time who adopted this branch of painting in America, and many of his pictures are in the collections of men of taste and highly esteemed.'"[28] Dunlap proceeded to allot a chapter each to Rembrandt and Charles Willson.

Family hopes for the spotlight next revolved around Rembrandt's plan to negotiate with the noted biographer Benson J. Lossing. Rembrandt gave Lossing family papers, many of which he returned, declining to write a biography of Charles Willson Peale and his progeny.[29] The project fell back into family hands again when Titian II and his wife Lucy began to peruse Charles Willson's letter books for the intended biography. As the family collectively realized that they would come under public scrutiny, they may have become self conscious and deleted letters. From Charles Willson's remaining letters to Raphaelle and other siblings, there are references back to now non-existent letters. Furthermore, no letter to or about Raphaelle is quoted by Titian after 1805. Titian's 1,000 plus transcription turned out to be a dreadful bore. No publisher would touch it. The project of writing a biography passed to another family member, Horace Wells Sellers. This Sellers descended from Escol's much younger brother, Coleman, both the issue of Raphaelle's younger sister Sophonisba, who married Coleman Sellers.

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[28]William Dunlap, *History of the Rise and Progress of The Arts of Design in the United States*, Vol. II, Pt. 1 (New York: George P Scott and Company, 1834; Dover Publications, Inc. reprint, 1969), p. 51.

[29] The fullest and most accurate account of the history of the family papers can be found in Charles Coleman Sellers, "The Peale-Sellers Collection," *The American Philosophical Society Year Book* (Philadelphia: APS, 1946): 74–77.

In the late 1890s, Horace Sellers took up the biographical burden in a thorough-going way. He acquired and made typed transcripts of primary documents and both he and his father Coleman contacted Escol, who was just demonstrating his remarkable powers of recall for those articles in the *American Machinist*. Their interest encouraged Escol to expand his reminiscences, but in the process Escol tipped his younger brother and his nephew off to a part of the family narrative that neither wanted in the public record.

Escol was especially direct when writing to Coleman, who had missed out on much family history since he wasn't born until 1827. "I have told things that I never would have told," he wrote in 1897, "but I have reason to know that my end is near that they must be told now or never."[30] In one letter he alludes to the "troubled circumstances that can never be forgotten" concerning Raphaelle's death.[31] In another, marked "Memory" in someone else's hand at the top of the first page, Escol's remembrance of Raphaelle begins with his "quer [sic] stories," then ends abruptly as Escol begins a narrative of Raphaelle's last night.[32] There are many skips in Escol's correspondence with Coleman. Most probably in some of the missing pages Escol repeated his description of the process whereby Raphaelle preserved specimens with that concoction of arsenic and mercury and its consequent effects on Raphaelle's health. Coleman, especially, would have been alert to the dangerous properties of mercury. As a highly active amateur photographer in the 1850s and 1860s, he initially fixed daguerreotypes with mercury.[33]

It is provable beyond refutation that Horace Sellers removed three folios from his great grandfather's autobiography as he was making a transcript copy. Three folios, for a total of thirty-six pages, would have taken up the subject of museum business. The narrative resumes as Peale explained that because taxidermy undermined his health by age 69, he decided to purchase and retire to a country estate, Belfield. The proof that Horace removed the thirty-

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[30] Escol Sellers, July 5, 1897, Crestview, to Coleman Sellers, APS.
[31] Escol Sellers, May 6, 1891, Crestview, to Coleman Sellers, APS.
[32] Escol Sellers, March 7, 1896, Crestview, to Coleman Sellers, APS.
[33] For Coleman Sellers's place in the early history of photography, see Robert Taft, *Photography and the American Scene: A Social History 1839–1889* (New York: Macmillan Company, 1938), pp. 177, 178, 215–17. Virginia Peeples kindly called my attention to the connection between Coleman Sellers, photography, mercury, and hence his heightened awareness of the jeopardy to Raphaelle's health when using mercury as a preservative.

six pages is that he could not resist the temptation to reinsert details about Belfield from the now-missing folios.[34]

There is an understandable urge on the part of families to tidy up their history. But when they wish, additionally, to present their ancestors striding across the public stage, they must recognize that they too, in their role as expurgators, come under scrutiny. For the Peale-Sellers families a problem arose when the previously put-down Raphaelle suddenly resurfaced publicly in 1931. Emblazoned in headlines across the country ran announcements like the one in the *New York Herald Tribune*: "Rare Canvas by Son of Charles Willson Peale to be Shown Here: Still Life with Figures by Raphael [sic] Peale Considered the 'Find' of the season."[35] In the first major New York exhibition of American folk painting, staged by Edith Halpert at her Downtown gallery, Raphaelle's "After the Bath—New England" (now correctly retitled "Venus Rising from the Sea—A Deception") stole the show and the news carried across the country (Figure 2). The *Chicago Post* announced:

> The prize of the ancestors' show at the Downtown gallery is a painting called 'After the Bath,' by Raphaelle Peale, the son of Charles Willson Peale and the brother of Rembrandt Peale, both of whom were much more prolific and much more renowned . . . Yet we know, being taught by Cezanne, whose example Raphaelle Peale was not fortunate enough to have before him, that a creased white cloth may be as moving as all the Pietas and all the Crucifixions.[36]

On formal grounds, Raphaelle's art assumed a lead he would never lose. Not his father, not Rembrandt, but Raphaelle was given a solo exhibition at the National Gallery that provided the capstone of his posthumous career.

Raphaelle's growing fame presented a challenge to Charles Coleman Sellers, who inherited his father's manuscripts in 1933 and

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[34] A librarian's slip, inserted in the autograph copy of the autobiography housed at the APS, indicates the lacuna created by folios (or quires) 19, 20, 21. In Horace Wells Sellers' typescript the omission begins on p. 386. The information about Belfield, no longer contained in the autograph version, runs from pp. 386 (1) to 386 (7). The last paragraph on p. 387, beginning in mid-sentence, picks up after the third missing folio. In all four extant versions of H.W. Sellers's typescript housed at the APS, the three folios are missing.

[35] *New York Herald Tribune*, December 8, 1931.

[36] *Chicago Post*, December 22, 1931. My thanks to Margaret Stenz, Research Assistant, American Art, Nelson-Atkins Museum of Art, for sending these reviews to me.

FIGURE 2. Raphaelle Peale, "Venus Rising From the Sea—A Deception (formerly After the Bath)," 1822. *Courtesy of the Nelson-Atkins Museum of Art.*

did finally complete the biographical project. To get around the difficulty of Raphaelle's relationship to his father, Sellers constructed an artfully enthusiastic whitewash to cover matters he did not choose to divulge. Nevertheless, in his published works three solid but undocumented facts emerge which strongly suggest that Sellers had knowledge of the contents of the thirty-six missing pages. One, in 1801 Charles Willson planned to go back with Raphaelle on a

trip to South America to collect and preserve specimens.[37] Two, in 1812 Charles Willson composed and sold at the museum's front desk his *An Essay to Promote Domestic Happiness*, whose contents were deeply humiliating to Raphaelle.[38] Three, Raphaelle told his father that taxidermy was poisoning him.[39]

From the chancy snippets of primary source material that have survived, we can begin to piece together a relationship between father and son that was by the end of their lives pathologically charged. Jealousy on the part of Charles Willson, provoking a veiled attack from Raphaelle, recrimination from the father, reprisal on the son's part. Space permits only one early instance of this father's jealousy, and a late, graphic example of Raphaelle's retaliatory impulse.

The year is 1799, the month November. Raphaelle, the father of an infant daughter, has just made his debut in the *Philadelphia Directory* as a limner and inventor.[40] Charles Willson, in November, became a father for the fifteenth time with the birth of Titian II, and gave the initial lecture in a series on natural history at the University of Pennsylvania. In the first lecture Peale put forth his theory about the earth's creation, then veered in his remarks to mention Raphaelle:

> Whose System I am sorry to say, cannot be properly delineated, confirmed, or Exhibited to the public as soon as he would wish, from the necessity he is under of Painting Portraits at a very low price, for the support of his family.[41]

Charles Willson's way of dispensing with Raphaelle was to typecast his rival as a ne'er-do-well, then make the humiliation public not only before a prestigious audience, but later in print. He had

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[37] Charles Coleman Sellers, *Charles Willson Peale: A Biography* (New York: Charles Scribner's Sons, 1969), p. 292.

[38] Ibid., p. 364. For an analysis of the content of *An Essay to Promote Domestic Happiness* and its impact on Raphaelle's psyche, see Lloyd, "Philadelphia Story," p. 170.

[39] Ibid., p. 396. See also Charles Coleman Sellers, *Charles Willson Peale: Later Life* (Philadelphia: APS, 1947), p. 338; and idem, *Mr. Peale's Museum* (New York: W.W. Norton & Company, Inc., 1980), p. 169.

[40] Cornelius Stafford, *Philadelphia Directory*, 1799.

[41] Charles Willson Peale, "Autograph Manuscript of Lectures on Natural History 1799–1802," First lecture, National Academy of Sciences of Philadelphia. This text is reproduced as an illustration, p. 124, in *Legacies of Genius: A Celebration of Philadelphia Libraries*, Edwin Wolf 2nd, ed. (Philadelphia: Philadelphia Area Consortium of Special Collections Libraries, 1988). The *Selected Papers*, Vol. 2. Pt. 1, pp. 261–71, includes only the introduction to the lecture series.

such a strong picture in his head of what he wanted his son to become in negative terms that he could not keep himself from acting it out in a public forum where normal family pride would have clamped down a taboo. Eventually Raphaelle acted upon his own strong picture of wishing those thoughts out of his father's head by chopping it off.

Sometime after 1821, when Titian II had returned from the Long Expedition, Raphaelle picked up his brother's sketchbook, with pages yet to fill, and added one image of his own.[42] The guillotined head of Charles Willson Peale in three quarter view rests against a stone slab (Figure 3). That this is the head of the pater familias and not some gruesome incident encountered (but not mentioned) by Titian on the Long Expedition is evident from an analysis of the outer ear. Charles Willson Peale had a targus that was especially pronounced, an antitargus that was long and deep. His lobe jutted back to flare out into a very full helix widely separated from the antihelix. There is enough of the ear showing to indicate this characteristic conformation. Furthermore, throughout Raphaelle's career, he executed profile heads with great competence. And by 1821 death and the human physiognomy were very much on his mind, as can be gathered by an advertisement which ran in part: "R.P. in Painting Portraits after Death requires to be with the deceased but 15 or 20 minutes, in order to take a mask."[43] In this death mask he did execute, Raphaelle imagines the violent death of his eighty-one year old father. One does not need to call upon Freud to appreciate the depth of pent up anger spilling over into hatred that led a son to execute his vision of fantasized patricide.

The dark underside of the Peale family saga is no part of Lillian Miller's conception. Remarkably, she now denies what even Charles Coleman Sellers had the intellectual honesty to entertain by the end of his life, that there "may have been some truth in Raphaelle's belief that museum arsenic solutions were the cause of his deformed hands and the internal pains he could only drown in alcohol."[44] Unlike Sellers, however, Miller is not acquainted with Escol's trove

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[42] Titian Ramsay Peale Sketchbook, 1820–21, no. 29, Severed Head, APS. Anna Wells Rutledge, *A Catalogue of Portraits and Other Works of Art in the Possession of the American Philosophical Society*, Charles Coleman Sellers, ed. (Philadelphia: APS, 1961), p. 73 attributes this water color to Titian. However, Titian was a very weak draftsman and rarely rendered the human face.

[43] "Raphaelle Peale, Portrait, Miniature, and Still Life Painter," *Poulson's American Daily Advertiser*, September 21, 1821.

[44] Sellers, *Mr. Peale's Museum*, p. 251.

FIGURE 3. Raphaelle Peale, "Decapitated Head," ca. 1822. *Courtesy of the American Philosophical Society.*

of letters and she exhibits no knowledge of the thirty-six missing pages.[45]

What is humbling and horrifying simultaneously, is that only three individuals are acquainted, to the extent that it is possible, with the totality of the Peale-Sellers archive. Murphy Smith, the retired manuscripts librarian who catalogued the collection as the American Philosophical Society acquired it beginning in 1945, Lillian Miller, and myself. As for Miller and myself, to some degree the outcome of our exchange depends upon the efficiency of our filing systems!

But not entirely. So that the question of Raphaelle's demise may finally be put to rest, Dr. Bendersky and I are now persuaded that

[45] Ferguson, *Early Engineering Reminiscences*, p. xii, recognized the historic value of Escol's family correspondence when he wrote: "Family history, of which a great deal exists in the unpublished volumes mentioned above, has been left for the biographers of the several prominent members of the Sellers and Peale families." However Miller, in her *Guide and Index to the Microfiche Edition*, excludes all of Escol's letters because he came in the fourth generation. In a lapse of logic, she goes on to explain (p. 40): "We have not included material relating to or emanating from succeeding generations *unless such material related to* [the first three] . . . *generations*" (emphasis mine). There are 63 of Escol's letters, acquired from Coleman Mills in 1959 and housed at the APS that have never even been indexed at that institution. The entirety of Escol's contribution to the Peale family saga has yet to be realized.

there is but one solution, exhumation of the corpse followed by an autopsy. We have long resisted this maneuver, in part because it is sensational, in part because traces of arsenic naturally found in soil preclude a definitive judgment. However, if the skull reveals erosion due to maxillary bone necrosis, then evidence of mercury poisoning is beyond argumentation.[46]

I wrote in the beginning about a different world view that can emerge from an intuition. When the work is all done, I hope a macroscopic consideration will emerge. Art history is now changing to address issues involving art and the real world, and as we move away from a Marxist orientation, we are reexperiencing a bourgeois concern for the individual. That, after all, is the intrinsic interest in Raphaelle Peale's tragic story.

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[46] Daniel J. McCarty, M.D., Medical College of Wisconsin, to Gordon Bendersky, M.D., 3 May 1994.

History and the Peales

Lillian B. Miller

History is not based on intuition, but on facts, on documentary evidence, not garbled verbal (unpublished) reports or imaginings about the contents of the mind of writers with whom one disagrees. That Phoebe Lloyd should attempt to read my mind is presumptuous; so is her insistence that I am obligated to reply to a succession of repetitive articles accusing Charles Willson Peale of jealousy of his son Raphaelle's artistic talents and of plotting his murder by "forcing" him to work with arsenic in his Philadelphia museum. In her present essay, she has carried her sensational thesis further with the suggestion that both father and son planned mayhem upon the other—but with greater emphasis on the father's success in achieving his purpose.

Two kinds of evidence—one medical and one historical—must be considered if we are to understand the relationship between Charles Willson Peale and his son Raphaelle. Lloyd (and her colleague Dr. Bendersky) have emphasized the medical and have diagnosed Raphaelle's various illnesses on the basis of a preconceived assumption that these were all caused by arsenic and mercury poisoning. Readers should know, however, what Lloyd has omitted from her discussion—that her medical conclusions have been seriously contradicted by a highly respected member of the medical profession. Preceding our so-called "debate" in the journal *MD*, is an editorial by the journal's editor Dr. Gerald Weissmann, Professor of Medicine and Director, Division of Rheumatology at New York University Medical Center and former President of the American Rheumatology Association.[1] In "Peale's Gout: A Lead-Pipe Cinch," Dr. Weissmann analyzes the symptoms that Lloyd and Bendersky attributed to arsenic poisoning—"alopecia, delirium, abdominal crises, tooth loss, and bone necrosis"—and concluded that these pointed directly to lead poisoning resulting from

[1] *M.D.* 38 (1994): 10–12.

drinking some form of alcohol or wines distilled or stored in lead-lined or joined vessels.[2] Dr. Weissmann writes:

> Confronted by a CPC that describes a young alcoholic who is given to drinking "fortified" wine, local whiskey, and rum, and who suffers from belly pains, tophaceous gout, and delirious fits, few of my students would fail to arrive at a diagnosis of saturnine gout. They are expected to know that saturnine gout is due to lead intoxication and impaired renal handling of urate. Indeed, that is exactly the diagnosis Charles Willson Peale arrived at: he accused Raphaelle of giving himself the gout by drinking too much.[3]

Dr. Weissmann further states that

> the case of Raphaelle Peale is a simple rheumatalogic diagnosis disguised as a forensic problem. . . . For were we to frame a summary and formulation, we might arrive at this sequence: alcoholism—lead intoxication—renal tubular disease—decreased urate excretion—tophaceous gout—urate nephropathy—death. Additional signs and symptoms—Peale's tremors, encephalopathy, alopecia, and abdominal crises (porphyrinemia secondary to lead)—all followed the inciting cause: drink.[4]

Lloyd's historical evidence is also subject to contradiction. Basing her claims on the "Miscellaneous Reminiscences" of an aging descendant, Raphaelle Peale's nephew George Escol Sellers—a collection of letters between Sellers and his younger brother Coleman and his nephew Horace Wells Sellers—she accepts Escol Sellers' memories of family relationships and events without questioning their accuracy or context. As a child listening to and observing his elders, the young Sellers did not understand the full context in which statements were made or events occurred; in remembering his childhood experiences, he frequently misread their meaning and significance. While accepting such questionable documents, Lloyd dismisses a large archive of family letters dating from 1774, Raphaelle's birth date, to 1825, the year of his death, that were written at the very time the various events

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[2] Ibid., "Editorial," p. 9. See also Gerald Weissmann, "A Fashion in Metals," in *The Woods Hole Cantata: Essays on Science and Society* (New York, 1985), pp. 91–100; and Richard F. Wedeen, *Poison in the Pot: The Legacy of Lead* (Carbondale, IL, 1984).

[3] Weissmann, "Peale's Gout," p. 9.

[4] Ibid.

occurred or conversations took place. Lloyd claims that these letters written over a half century were cover-ups by the family of a plot to destroy Raphaelle by pretending he was an alcoholic. It stretches the imagination to believe that for all those decades, beginning with the year Raphaelle undertook work in his father's institution until his death, the family could consistently conspire to hide the "real" cause of Raphaelle's physical problems.

An article of mine in the recent issue of the *American Art Journal* documents in detail the relationship between Raphaelle Peale and his father Charles Willson Peale, and places their relationship within the context of studies of early American family expectations.[5] Summarized briefly, that article points out, in the first place, that Raphaelle worked in the museum consistently only from 1791–1793, not for the twenty-three years that Lloyd claims. His work consisted of caring for the live birds and animals the elder Peale had collected in his menagerie, and possibly, although we do not know precisely, working in taxidermy and using a solution that included arsenic. After 1793, Raphaelle began to travel, first to collect specimens for the museum and to exhibit paintings and the reconstructed skeleton of a mastodon, and later, to take profiles with the newly-developed physiognotrace. He may have resumed work in the museum following the death of his younger brother Titian Ramsay (1) in 1798 in a yellow fever epidemic, a death that is fully described and documented. If he did work in the museum at that time, there is no indication of his assignments. We do know that his father complained that none of his children, other than Titian Ramsay (1), was very skilled at taxidermy and that he had to do most of it himself.[6] By December 1802, in any case, Raphaelle was no longer employed by his father; that month he began to travel once more, to Virginia, South Carolina, and Georgia; later he went to Delaware, Boston, and Maryland. In the brief interludes in which we find him in Philadelphia, there is no mention whatsoever of his having anything to do with the museum and its work.

While Raphaelle traveled, from 1804 on, Raphaelle's younger brother Rubens worked in the museum, assisting his father in the

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[5] Lillian B. Miller, "Father and Son: The Relationship of Charles Willson Peale and Raphaelle Peale," *American Art Journal* 25 (1994): 5–61.

[6] Charles Willson Peale to Charles Peale Polk, April 4, 1802. Peale-Sellers Papers, American Philosophical Society, hereafter APS, in Lillian B. Miller, Sidney Hart, and David Ward, eds., *Selected Papers of Charles Willson Peale and His Family*, vol. 2, *The Artist as Museum Keeper, 1791–1810* (New Haven and London: Yale University Press, 1988), pp. 423–424.

preservation of subjects.[7] From 1802 to 1819, and again from 1823 on, the Welshman James Griffiths also worked in the museum, and in 1820 the second Titian Ramsay Peale assumed the burden of preserving specimens.[8] From 1810 to 1822, Rubens managed the museum and performed most of its chores, including preservation, his father having "retired" to Belfield in Germantown. The notation of 1821 in the Accession Book that Lloyd cites, signed R.P., was written by Rubens who kept the records, not by Raphaelle.

When Peale re-assumed his position as manager in 1822, his younger sons Franklin and Titian (2) served as his helpers, Franklin making "the Experiments of the evening entertainments" and Titian "preserving Animals and arranging them in the Museum."[9]

There is no evidence that the elder Peale purposely refrained from offering Raphaelle his antidotes for arsenic poisoning. He did not prescribe antidotes because he did not even consider arsenic as a cause of Raphaelle's sufferings, nor did any of the three doctors who attended Raphaelle during his various episodes of gout and fever. The doctors attributed Raphaelle's final illness to "infection of his lunges." That all three doctors, and other physicians who treated Raphaelle when he became ill during his travels, should have conspired with the elder Peale to hide the fact of "arsenic poisoning" requires an extremely uncomfortable stretch of the imagination.

Charles Willson Peale, Rubens Peale, and Titian Ramsay Peale (2), all of whom we know worked with a preservative containing arsenic, lived long lives, despite the noxious solutions with which they worked. The elder Peale lived to the age of 86; Rubens, 81; Titian Ramsay (2), 86.

There is no question that Raphaelle Peale was an alcoholic. In the early nineteenth century (and indeed, into the twentieth), alcoholism was called "intemperance" and was considered a failure of character, not a disease as it is now defined. If family members were engaged in a cover-up, as Lloyd claims, they surely would have hushed up his alcoholism, which at the time would have been a real source of embarrassment; an illness attributed to arsenic poisoning would not have been considered shameful.

There is no document at all in the Peale papers suggesting that

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[7] Charles Willson Peale to Presley Neville, August 5, 1804. Peale-Sellers Papers, APS, in Miller, Hart, and Ward, eds., *Selected Papers*, Vol. 2, p. 745.
[8] Miller, Hart, and Ward, eds., *Selected Papers*, Vol. 2, p. 830.
[9] Charles Willson Peale to Thomas Jefferson, February 8, 1823. Peale-Sellers Papers, APS.

Charles Willson Peale was jealous of his son's artistry and therefore sought to destroy him. Indeed, in all his correspondence with his son (which may be consulted in the papers published in the second and third volumes of the *Selected Papers of Charles Willson Peale and His Family*), the elder Peale continuously praised Raphaelle's facility at painting still lifes and encouraged him to turn his skill to the painting of portraits, which would produce a larger income and wider public response, since portraiture was considered a higher art form. Peale's letters reveal him as an enormously confident man, sure of his own painting skills and delighted at his constant improvement. He suffered no jealousy against any of his children or artistic peers. It is unreasonable to believe that he was jealous of Raphaelle who could not even support his family with his exquisite but inexpensive still lifes. Peale's mention of Raphaelle's theory of the earth's creation in his lecture was a father's effort to recommend his son to his audience, not to "dispense" with him as "a ne'er-do-well." Peale was castigating Philadelphians for not providing artists with sufficient patronage to support a family, as a result of which they (and science) were being deprived of enlightening information about the nature of the universe. Peale frequently made such reference to members of his family "in public forums" praising them, promoting them, and urging their work on the public he was addressing. Such "puffs" were generally accepted by early nineteenth-century readers and audiences.

There is no documentation that the family destroyed documents relevant to Raphaelle's illnesses. One of Peale's letterbooks is missing from the collection at the American Philosophical Society, as well as a portion of Peale's autobiography, written in 1826. The history of the papers as they were passed around through all kinds of conditions—floods, hurricanes, and fire—explains clearly such losses. In fact, one may marvel that so many documents did survive to be made available to scholars for the valuable information they contain about our nation's history and culture.

It is of less historical importance to know specifically what Raphaelle died of, except that it was a tragic death that cut off further artistic production; what is more important is the misuse and abuse of the record. All of Peale's letters to Raphaelle emanate love, parental concern, admiration, and admonition—just the kind of letters a parent disturbed at a child's waywardness would write. Perhaps Charles Willson Peale did not understand Raphaelle, and perhaps Raphaelle did not understand him, as happens frequently with members of different generations. Whatever their differences,

however, Peale unstintingly continued to support Raphaelle and his family financially, psychologically, and artistically, even when he himself was without financial means. If Peale was not the perfect parent, he never stopped being a concerned one.

Lloyd errs in thinking that she, Murphy Smith, and I are the only scholars acquainted with the Peale archive. Since the publication in 1980 in microfiche of my *Collected Papers of Charles Willson Peale and His Family*, numerous scholars have immersed themselves in the Peale materials. At the National Portrait Gallery and in universities in this country and abroad young scholars have searched, and are continuing to search, the papers for information about the individual Peales, their art, their science, the cultural and social world in which they lived and worked. The subject of the Peales is not a closed book by any means, and neither Phoebe Lloyd nor myself has spoken the last word. Hopefully, future scholars will consult the documents that exist to ensure that their studies will be based on fact rather than distorted imagination.

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Does Anyone Still Want to Talk About Alfred Kinsey?

Emily H. Mudd

I would like to describe how I came to know Alfred Kinsey and my involvement in the publication of his pathbreaking research on the sexual behavior of the human male and female.[1] This also involved my good friend and professional associate Lawrence Saunders, the Philadelphia medical publisher. I knew Lawrence Saunders on and off for many years as both our families lived in or near Philadelphia. I met Alfred Kinsey much later, in 1944, through one of those fortunate happenstances that come in a lifetime.

The well-known obstetrician/gynecologist who first studied and wrote about marriage and women's needs was Dr. Robert Latou Dickenson, who was active in the New York Academy of Medicine. I knew him through our mutual interest in marriage and family counseling. In 1944, Dickenson had asked Alfred Kinsey to present his data on the sexual behavior of the human male to a small group at the New York Academy of Medicine. Dickenson was anxious, as he said, to have a woman present at this meeting. He felt, however, that Kinsey's work might be so controversial and so questionable in its effect on conservative medical groups that he did not want to ask a woman to come whom he did not feel would be able to handle the situation constructively. He therefore requested that I come.

At the Academy meeting I found myself in a small room, with only about ten people present. I was seated next to Dr. Alan Gregg, who at the time was Director of the Division of Medical Sciences of the Rockefeller Institute. Alfred Kinsey, a very tense and earnest man, began explaining how he had collected data on the sexual lives from men in this country. The room had a little blackboard and he drew his curves on it while he talked. All those present were fasci-

[1] This paper is a revised version of a talk given at the Quadrangle, Haverford, Pennsylvania, on 5 May 1991.

nated with the potential of the work this man was doing and that which he was proposing to do. Many people asked questions. One could see Kinsey's earnestness—the missionary zeal with which he approached his subject.

At the end of the meeting, Kinsey told me that he understood we had a marriage counseling service in Philadelphia. He thought that he might be able to collect some case histories there. He invited me to lunch the next day in order to discuss it.

We met at Stouffer's in New York City. As I was to learn was his usual way, Kinsey immediately began talking about his work and about what he needed; not about money, but about the staff and their interviewing techniques. He and I became so involved in these details and how they might relate to possible Philadelphia resources that, when lunch was finished, we walked straight out of the restaurant without asking for the check. We never even thought of it until we were in a taxi returning to the Academy. I remember Kinsey saying, "Emily, we have walked out of there and did not pay our bill. What are we going to do?" I said, "Well, all we can do is telephone," which he did. Stouffer's politely assured him that this did happen on occasion, and that the kind of person who walked out of the restaurant without meaning to cheat was always the kind of person who telephoned and made up for it. All that was necessary to rectify the situation was to send a check.

After this initial meeting, I agreed to discuss Kinsey's work with the medical supervisory committee and the board of trustees of the Marriage Council in Philadelphia; we were to consider how, if they approved, this work might be implemented. It was decided that the best way to introduce Kinsey to the Philadelphia community was to hold an evening medical meeting at which Kinsey would present his work. To this meeting we would invite the professors of what we considered related departments in the five medical schools in Philadelphia: the departments of medicine, obstetrics and gynecology, pediatrics, and psychiatry. We felt that if these professors could get a sense of the man and develop trust in his research program, their auspices would give us substantial support in introducing him elsewhere in the community. There was nothing secret about this meeting, except that it was not to be an open one. The meeting took place in early 1945 at the Wistar Institute, which was affiliated with the University of Pennsylvania, and was then involved in studying problems of fertility.

Almost everyone who accepted the invitation came to the meeting. We had people posted at the doors, and guests were asked to

show their invitations. Neither we, nor Kinsey, wanted members of the press to be present. We were all in our seats and Kinsey had begun his presentation when a gentleman came walking down the center aisle. He was Lawrence Saunders, then president of the W.B. Saunders Publishing Company, a leading publisher of medical books.

Saunders was a sponsor of the Marriage Council, but had not been invited to the meeting because he was non-medical. However, Saunders had heard about the meeting and, being a forward-looking publisher, was not going to miss out on a possibly-important investment. This was how Saunders first met Alfred Kinsey and started negotiating contracts for the big book *Sexual Behavior in the Human Male*, eventually published in 1948—in its own way this discussion required considerable courage on Saunders' part.[2]

Kinsey always explained during his talks the need for more case histories, and then asked each group member for individual participation in giving voluntary histories. In this way he hoped for 100 percent participation by the members of each group. Following the meeting at the Wistar Institute, many members of the audience indicated that they would be glad to invite Kinsey to talk to a class at their medical schools or to affiliated groups. They also agreed to tell others about his work so that he might get other invitations. On the basis of this response to his presentation, Kinsey made plans to come to Philadelphia to work for a period of months, bringing with him two of his staff interviewers, Drs. Clyde Martin and Wardell Pomeroy. Through medical and other academic contacts, Kinsey said later that he was able to obtain more data—more 100 percent groups—in Philadelphia than in any other place.

My next important assignment in relation to Kinsey came early in 1953, when Lawrence Saunders was planning the publication of the second big Kinsey book, *Sexual Behavior in the Human Female*.[3] After the furor and publicity surrounding the first book, he wanted to forestall as much controversy as possible. He told Kinsey that he would send two consultants to Indiana, a man and a woman, to go over the manuscript in detail before publication, his company covering all expenses. Saunders asked Dr. Albert Stunkard, then Chairman of the Department of Psychiatry, and Dean John Mitchell of the School of Medicine at the University of Pennsylvania to allow me to be the woman advisor. Their willingness to permit Penn to be represented in this assignment, although

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[2] *Sexual Behavior in the Human Male* (Philadelphia: W.B. Saunders Co., 1948).
[3] *Sexual Behavior in the Human Female* (Philadelphia: W.B. Saunders Co., 1953).

technically within the assigned functions of a medical institution of education, was nevertheless courageous. The decision might well have been in the negative in order to avoid unwelcome publicity. The man consultant to the project was Dr. Robert Laidlaw, professor of psychiatry at the Columbia University School of Medicine; he was at the time also the President of the American Association of Family Therapists. In accepting this assignment, I indicated that all fees paid by Saunders would go to the department of psychiatry at the University of Pennsylvania and to the Marriage Council. I was to receive nothing personally—this seemed to me to be essential.

I interrupt my story at this point to describe a letter that I received in January 1953 from my mother, Clementina Rhodes Hartshorne, and my answer. These letters give a clear idea of the profound anguish and abhorrence which in many places greeted Kinsey's work, a reaction which was perhaps not unsurprising. My mother was an ardent feminist; in 1910, she had walked down Broad Street in Philadelphia, in the parade advocating votes for women. I was then about eleven years old, and walked with her, holding her hand. Later my mother helped to establish the League of Women Voters in Haverford Township and elsewhere, and was the first woman to be asked by Governor Penshaw to serve on the board of the state mental hospital in Norristown. She wrote to me as follows:

> My dear daughter, you know that I love and admire you and am proud of you for many reasons, but you also realize that, although I have tried to be understanding, many things which you have advocated or condoned have deeply offended my beliefs and convictions. Your latest commitment goes too far for silence. I realize that you are, understandably, flattered by Dr. Kinsey's request for your cooperation in his forthcoming book, but it is beyond my capacity to tolerate the idea that our family name should be associated in any way with such an enterprise—even though the "kudos" may enhance your professional aura. I know that nothing I can say now will be able to stop your work, but please continue to keep your dear father's name out of it. You know well how he would feel about it. Tolerance can be stretched too far—even to the breaking point. Your loving and deeply troubled mother.

My answer was written a few days later on the plane to Kinsey's office at the University of Indiana.

> My dear mother, I appreciate your frankness and your expression of loving interest. I too recognize that I have been a mixed blessing to you as, perhaps, you yourself have been as a mother to me. However, I think we both have some basic elements in common, one of which is a sincere interest in and desire to promote the effectiveness of the lives of women. It is primarily because of this that I have accepted this assignment. It is secondary that I consider my professional responsibility in the task. Have we any right to refuse to examine some facts which, although perhaps surprising, may ultimately be as important for the growth and development of women as creative persons in their own right as the things you have spent many days of your life fighting for? Such evidence may actually be of immense value to men as well as women of the future in understanding the real similarities and differences between the sexes. With your courage, mother, you surely do not fear truth, even though all of us may for a time be confused by the social implications of new facts. As to the use of my name, Dr. Kinsey wishes to list the five consultants (four men and myself) on the title page. No one, it appears, is writing out their middle name, so that Hartshorne will not be there. I hope this will bring you relief. I hope also that you will have faith that this new information will add eventually to a constructive use of the potentialities of all women and help the men and women of the future to build their social customs and laws closely related to reality. My love and best wishes.

My experience at the University of Indiana was amazing and fascinating. We flew from the East Coast and were escorted by the staff to the campus faculty club, where we were to stay. We consultants did not know how our work would be conducted when we met with Alfred Kinsey and his staff. Because of the publicity that had followed the book on the sexual behavior of the human male, because Kinsey really had been hounded by the press and popular magazines which wanted to get material in advance of the publication of the book on women, and because of his contract with Saunders, Kinsey was desperately fearful of any leaks.

Laidlaw and I each had an office near Kinsey's office and that of his staff. At 8:30 every morning, we reported to him and each of us was given a chapter of the book. We were each conducted by a staff member to our assigned offices, where we were locked in with only pencil and paper and the chapter we were to read. We could make

notes of what we thought, or wanted to discuss later. When we had finished reading our chapters, we were escorted, bringing the chapter and our notes, to a large room. Laidlaw and I were seated on chairs facing Kinsey, his staff in a semi-circle beside him. We went over the manuscript, literally page-by-page, with absolute seriousness and concentration. If we had any questions to raise about the contents of a page, we were to say so, and he would listen. He had, to me, a fascinating way of handling our reactions. If Kinsey responded favorably to a suggestion and thought it held water, he would say to his staff: "see that paragraph is modified in the way suggested by Dr. Mudd." If he felt he did not want to use the point brought up, he would say: "we will bear that in mind, and take it into consideration." Later, I realized this meant that this part of the manuscript would probably stay exactly as it was. After we had discussed a particular chapter, the manuscript was returned to Kinsey together with our written notes, so the only thing we had left would be our impressions.

Kinsey's academic background equipped him to become a systematic taxonomist, collector, and classifier. His compulsiveness as a human being served him well in terms of his data collections. His work on gall wasps, with its implications for genetics, was unbelievably detailed, as was his *Methods in Biology*.[4] He also co-authored *Edible Wild Plants of Eastern North America*, which he gave me, and he had himself planted a lovely garden.[5] Later in life, after Kinsey had a heart attack, his physician suggested that he drink a cocktail to relax before dinner. Kinsey behaved typically by making a comprehensive file on cocktail combinations. Alfred Kinsey was a great woodsman, a good pianist, and a devotee of classical music—and yet, in 1951, he was labeled "the most controversial figure in the United States."[6]

I like to think of Kinsey as a missionary. I suppose a missionary is in some sense a reformer, but I do not think that he consciously went about trying to change people. I am reasonably sure that underlying his devotion to his work was the belief that the information was going to be helpful. I think Kinsey felt that the area of human

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[4] Kinsey's largest work on gall wasps was his *The Gall Wasp Genus Cynips: A Study in the Origin of Species* (Bloomington, IN: Indiana University Press, 1930). *Methods in Biology* (Chicago and Philadelphia: J.B. Lipincott Co., 1937).

[5] Merritt Lyndon Fernald and Alfred C. Kinsey, *Edible Wild Plants of Eastern North America* (Cornwall-on-Hudson, NY: Idlewild Press, 1943).

[6] Cornelia Christenson, *Kinsey: A Biography* (Bloomington: Indiana University Press, 1971).

sexuality had been vastly neglected as a subject for research, and that this had been a disservice not only to many women, but also to many men and to many marriages. For these reasons, I think it gave him great satisfaction to be able to write and publish his material. The fact that Kinsey's books were available to the general public—and carried special professional status—was the result of the far-sightedness and courage of Lawrence Saunders and his outstanding medical publishing company. It meant that an education in sexuality was available for all those who could read. Findings from Kinsey's books were picked up by every popular journal including the tabloids, as well as by such journals as the *Atlantic Monthly*.

My husband Stuart Mudd explained when he was courting me that science was built by steps like a ladder, little steps of truth. I decided that Stuart was a kind of missionary in his own way. His subject was the inroads of disease on the human body and the body's resistance to diseases. Alfred Kinsey had the same general view. He believed that little by little, as the truth emerged, it would allow human beings to be freer and more natural and to enjoy our bodies as well as our minds. It has been said that

> Perhaps Kinsey's greatest achievement . . . was his long, dogged, uphill, and ultimately successful fight for academic freedom—the freedom of the scientist to explore, by rigorous scientific analysis, any field of inquiry whatsoever. Morals he left to moralists, theology to theologians. But he stoutly maintained that no ethic, no theology, is valid unless founded on comprehensive knowledge of the biological facts of human behavior.[7]

I consider myself extremely fortunate to have had the opportunity of being associated with Alfred Kinsey and his research work. I also appreciated having them associate themselves with the work we were doing with the University of Pennsylvania and at the Marriage Council in Philadelphia. It was certainly a learning experience for me to be able to work and share friendship with each of these men. I felt very deeply the loss when each passed away. Lives such as these make me recall one of my favorite quotations from Browning: "Do what you cannot do so your soul will grow."

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[7] Ibid., p. 22.

Memoir of John Whiley Eckman, 1919–1993

John M. O'Donnell

When John Whiley Eckman died on Friday, 17 December 1993, at the age of 74, the College of Physicians of Philadelphia lost the dedicated services of one of Philadelphia's most recognized civic and cultural leaders.

John Eckman was born in Forest Hills (Queens), New York, in 1919. A graduate of the Trinity School in New York, he attended Yale University for a single year before matriculating in 1940 to the University of Pennsylvania. He received a baccalaureate in economics from the Wharton School in 1943.

Upon graduation he joined the United States Navy, serving for three years as a submarine officer. One of his most delicate underwater missions involved the secret transportation of the captured German U-boat 505. In 1943, a task force composed of the escort carrier USS *Guadalcanal* and two destroyers hounded the U-505 into shallow waters off the west coast of Africa, forced it to surface and, after a deckgun skirmish that resulted in eight German deaths, dispatched a boarding party to capture the surrendered crew, seize the vessel, disarm its scuttling bombs, and carry away the object of the hunt: the German Admiralty code books. In violation of the Geneva Convention the German crew was secretly interned, thereby allowing the presumption that the boat had been lost at sea and the admiralty codes uncompromised.

As a result of this successful deception, the U-boat campaign in the Atlantic suffered grievously. Towed to a secret base in South America, the U-505 was reconfigured as an American submarine and later entrusted to a skeleton crew of American submariners who drove the disguised vessel on an unprecedented month-long underwater voyage to a covert in the Virgin Islands. Commanding this mission was Lieutenant John W. Eckman, who thereby earned a reputation for dauntlessness that would run silently and deep and

occasionally surface throughout his subsequent career in the pharmaceutical industry.

After the war, Mr. Eckman accepted a marketing job with SmithKline & French Laboratories in Philadelphia. In 1952, he moved back to New York as vice president of Thomas Leeming & Company, a pharmaceutical firm that would later be known as Pfizer. A decade later he joined Rorer, based in Fort Washington, Pennsylvania, as executive vice president. He served Rorer as president from 1970 to 1980, as chief executive officer from 1976 to 1985, and as chairman from 1976 to 1986. Mr. Eckman's chairmanship of the Pharmaceutical Manufacturer's Association in 1981–82 verified his standing as dean of the American pharmaceutical industry during this apex of his career.

When he joined Rorer in 1962, it was basically a one-product company. The antacid Maalox, originally concocted at Thomas Jefferson University Hospital (a fact Thomas Jefferson University President Lewis W. Bluemle, Jr. never let Eckman forget), provided Rorer with $15 million in annual sales. Using the cash flow Maalox provided, Mr. Eckman acquired twenty subsidiaries and branched into diversified but integrated product areas such as diagnostic equipment and surgical instruments. Within two decades of his arrival, Rorer was a high-growth Fortune 500 company. In tribute to his achievement, he was named chairman of Rorer's executive committee from 1986 until a 1990 merger produced the firm of Rhone-Poulenc Rorer, at which time he became the new company's only American director.

Serving on boards became John Eckman's second career, one that paralleled in height and time the meteoric trajectory of his industrial life. He served on nearly a dozen boards of directors of regional and national businesses, including the Federal Reserve Bank of Philadelphia, where he presided as chairman from 1977 to 1981. He took his civic responsibilities as seriously as the City took him, serving on the boards of United Way of Southeastern Pennsylvania, the Urban Affairs Partnership, the World Affairs Council, the Independence Hall Association, Presbyterian Medical Center, the Greater Philadelphia Chamber of Commerce, the Philadelphia Urban Coalition, and the Greater Philadelphia First Corporation. It is often said that the term "Greater Philadelphia" does not refer to a geographic region but expresses a qualitative character of a city that has been blessed with superb civic leadership. Surely, Philadelphia is greater because of John Eckman's devotion to it. As his wife, Jane Haussmann Eckman, said to me: "It was what he loved."

One of the reasons for this affection, I believe, was the humanistic education John Eckman received as a return on his sizeable investment. It is easy to dub the quintessential "man about town" as a social creature to the bone. His gracious, suave demeanor, however, concealed a discomfort with the superficial aspects of polite intercourse. John Eckman was basically an intellectual, an autodidact who learned about arts, science, literature to a large extent through the affiliations he made with institutions of intellect: the scientific and educational institutions within and beyond Philadelphia.

He served as a trustee of the University of Pennsylvania and of Haverford School; he was a member of the executive committees of the Opera Company of Philadelphia and the Academy of the Vocal Arts. He was President of the Historical Society of Pennsylvania and of the Wistar Institute. And it is not an institutional conceit to appreciate that the roles he played at the College of Physicians of Philadelphia were among his most cherished.

Sponsored by Drs. Lewis W. Bluemle, Jr., and Robert S. Pressman, John Eckman was in 1981 awarded an Honorary Associate membership in the College. The College benefitted immensely from his advocacy, wisdom, and substance, and from his exceptional leadership as the first voting "lay" member of the Council and its Executive Committee. He served as Chairman of the College's Board of Advisors from 1986 until his death. He was a key member of the Ad Hoc Committee on Governance, which, under the chairmanship of Dr. Robert Austrian, issued recommendations that fundamentally modernized the way in which the College is governed. He was a member of the Planning and Development Committee, the Planned Giving Advisory Group, and the Major Individual Gifts Committee of the New Century Fund campaign.

John Whiley Eckman was instrumental in the success of the historic visit of Ronald Reagan who as President of the United States participated in the College's Bicentennial Celebration in 1987. As he did with so many organizations with which he associated himself, he generously committed his resources to the College's financial integrity. He assisted in the establishment of the Samuel Lewis Circle and was one of its founding members. He was an S. Weir Mitchell Associate and a major contributor to the College's successful New Century Fund. On 23 November 1993, less than a month before his untimely death from cancer of the lymph system, the College bestowed upon him its Award for Outstanding Service, having resolved that the recognition would henceforth be called the John Whiley Eckman Award for Outstanding Service.

Other organizations had recognized him as well. The Society of Industrial Realtors named him Industrialist of the Year in 1975. The conferral of the degree of Doctor of Law by the University of Pennsylvania in 1984 followed a similar recognition by the Pennsylvania College of Podiatric Medicine in 1981. And he experienced the genuine honor with regard to these and dozens of similar distinctions of a man who understood he deserved them.

Fellow Board of Advisor member, the Honorable Thacher Longstreth, observed that John Eckman did more than just lend his name to the organizations he supported. Mr. Longstreth said that "John Eckman would take on an assignment and carry it out almost to the point of desperation." When someone is observed, as Mr. Eckman was in his heyday, helecoptering into the City almost daily to attend round after round of civic meetings, he is perceived as an individual who means business, not chivalry.

John Whiley Eckman gave and raised money for countless organizations. But what most recommended him to those organizations was the breadth of cross-institutional perspective that he brought to his volunteer work. That capacity increased exponentially throughout his prodigious career. It will probably not be witnessed again.

This public figure was a genuinely private man, who loved the sea and the yacht he skippered. He lived a highly visible life on the glistening surface. But what this avid fisherman and former submariner most enjoyed was exploring beneath the surface of things. The College, and the City, have been blessed by the way he shared his discoveries.

COLLEGE OF PHYSICIANS OF PHILADELPIA
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Memoir of Frederick H. Gloeckner, 1902–1993

W. Thacher Longstreth

Fred Gloeckner was one of those remarkable Americans who was born into a family of limited means and went on to build a printing business that provided hundreds of jobs for residents of the Delaware Valley and a personal fortune from which he gave generously to many civic and charitable causes during the later years of his life.

Gifted with a strong, athletic body, a keen brain, and an intense work ethic, Fred Gloeckner not only created a successful business but also maintained it for many decades. Fred was not only a gifted planner and manager but also a natural salesman whose logic and enthusiasm along with wry wit and intensive followup made him difficult to resist.

Fred was married to Dr. Mary Louise Carpenter for fifty years and in her honor created the M. Louise Carpenter Fund at the College of Physicians of Philadelphia, which provided an endowment for the publication of *Transactions & Studies*. They had two sons and a daughter, plus numerous grandchildren and great-grandchildren. In 1980, Fred married the famous Dr. Emily Hartshorne Mudd, a Fellow of the College of Physicians of Philadelphia, and world-renowned for her pioneer work in family planning and marriage counseling.

Fred was elected an Honorary Associate Fellow of the College in 1980, and he was one of the College's most loyal supporters. In addition to establishing the M. Louise Carpenter Fund, Fred gave generously to the Annual Giving Fund and the New Century Fund Campaign. He participated in the Advisory Session on Planned Giving, and served on the Board of Advisors between 1988 and 1992.

Fred Gloeckner was well recognized for his great success in the printing industry. He had a genius for bringing smaller companies into the Winchell Company, which he headed for more than fifty years, and utilizing their personnel and resources for the ultimate good of all concerned. However, Fred had the gift of success in everything into which he threw his tremendous talents. As a young

man, he possessed great physical strength that he combined with stamina and skill that made him a formidable competitor in any sport that gained his interest. He was a particularly gifted pitcher in baseball with an outstanding fast ball and the ability to go to the mound on an almost daily basis.

Throughout his years of building and directing the Winchell Company, he remained their star salesman, with friends, contacts, and customers all over the Delaware Valley. Woe be unto any Winchell salesman who reported inability to crack a tough prospect. Fred would jump into his car, blast his way through any barriers between himself and the customer, and usually come away with the order. He wasn't too bashful to talk about it afterwards. One of the most enjoyable aspects of working for Fred was a lunch in his office, when he would open up on his exploits and the history of Winchell's success and growth.

Fred possessed such physical and mental strength that it was sometimes easy to overlook the kindness and humor that were also important parts of his character. He was a fascinating storyteller with a good memory, and was unable to conceal his humor with the "deadpan" facial expression that marked his jokes. His life was profoundly influenced by the two remarkable women whom he married, and he shared with them a vigorous and successful life which will remain a vivid memory with all of us who were his friends. Farewell Fred, we will always remember you.

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Memoir of Leslie Nicholas, 1914–1994

Eugene N. Myers

My uncle, Leslie Nicholas, died unexpectedly at the age of 80 on 30 September 1994. His death was a great shock to our family who all loved him. It's a great loss not only for our family but for medicine and for the Philadelphia community. Uncle Leslie was born in South Philadelphia in 1914 when that area was the new home to many thousands of immigrants from Central and Eastern Europe. His father, Samuel Nicholas, M.D., was a very well known general practitioner at that time who maintained an office in the first floor of their home at Sixth and Tasker. Sam Nicholas was a popular and well loved physician. He visited his patients in a horse and buggy, delivered babies on the kitchen table, and attended these babies as pediatrician and general practitioner, advisor and confidante as they all went along in years. Sam Nicholas' younger sister, Raye, was a graduate of the Women's Medical College and was the first female who was identified as a specialist in pediatrics—at least in the Philadelphia area. His youngest sister, Fannie, owned a pharmacy at Fourth and Ritner. Rosalind Nicholas (my mother), married a young, enthusiastic intern, Dr. David Myers, in 1933.

With this strong family background of involvement with medicine, it would hardly seem strange that after graduating from Central High School in 1931 and Temple University in 1933, Leslie matriculated into the Temple University School of Medicine, where he graduated with his M.D. degree in 1937.

Leslie went on to do his internship and a year of residency in Pathology at the Philadelphia General Hospital. "Old Blockley" at that time was one of the best known hospitals in the United States and a training ground for many physicians who would go on to distinguish themselves in various fields of medicine.

World War II came along just as Leslie finished his fellowship in Dermatology and Syphilology at the University of Pennsylvania and he served in the Army as a dermatologist. He completed his service in 1946 at the rank of Major. When Leslie returned to Philadelphia, he opened his private practice of dermatology and was associated with the Philadelphia Department of Health, the Philadelphia

County Medical Society and the American Venereal Disease Association in the field of treatment, control and prevention of venereal disease.

Leslie's burgeoning career in dermatology was side-tracked when he contracted pulmonary tuberculosis and spent several years in the Eagleville Sanatarium. After a long struggle with this illness and very isolated circumstances, Leslie returned home. I always believed that this experience created in him a better appreciation for his patients and made for a softer and more compassionate approach to his family and friends.

Although Leslie taught pathology and was an associate in dermatology and syphilology at the University of Pennsylvania, his best academic memories were his association with Hahnemann Medical College. Leslie had a major commitment to teaching medical students and residents at Hahnemann, and many generations of students revered him for his keen intellect, dedication to patients, and good sense of humor. He was a friend, advisor, and confidante to many of the medical students.

Leslie was an enthusiastic alumnus member of the Alpha Omega Alpha Medical Honor Society and was a diplomat of the American Board of Dermatology Syphilology, the American Academy of Dermatology and a member of many other organizations. I believe that his favorite organization was the College of Physicians of Philadelphia. Leslie found in this organization a sense of the history of medicine and the type of stability that few organizations have. I think that he felt like I always have when I entered the College of Physicians—of being a medical scholar even if you sat in the library only to read the current issue of *JAMA*. He was a major benefactor of the College of Physicians and had many friends there, both Fellows and staff, all of whom mourn his loss. It was his love of the College of Physicians that led me to endow the Leslie Nicholas Lectureship at that institution in order to preserve the distinguished Nicholas name in Philadelphia medicine. During the time of the first three lectureships, he was proud to have his name indelibly linked with the College and to be surrounded by his family, close friends, and College staff.

Leslie was a prolific author, writing 65 articles in medical journals, and authored the book entitled *How to Avoid Social Diseases* which was published in 1973. [Obviously not as many people read this as should have, as we know of the exponential growth of these problems.]

After retiring from his practice in 1992, he spent time indulging

in his favorite hobbies, playing bridge and world traveling. It's ironic that on the evening of his death, he had just returned from a bridge game with his friends. He also had just recently returned from his thirty-eighth trip to London and a lengthy cruise which included stops in Scandinavia and Russia.

Although Uncle Leslie was a life-long bachelor, he loved being with his family. My mother, Rosalind, was his best pal and they were in constant communication. To my children and my sister's children he was an uncle, a friend, a grandfather, and a favorite relative.

His family, his friends in medicine, his social friends and fellow bridge players will all feel that they have lost a good friend, and that the world has changed with his passing.

UNIVERSITY OF PITTSBURGH
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Memoir of Eliot Stellar, 1919–1993

Jonathan E. Rhoads

Our Fellow, Dr. Eliot Stellar, Ph.D., died on 12 October 1993. Dr. Stellar was a psychologist who was brought to the University of Pennsylvania in 1954 by the Chairman of the Department of Anatomy, Dr. Louis Flexner. He was a very active member of the Neurological Institute at the University of Pennsylvania. This was an Institute without walls composed of investigators from neurology, neurosurgery, psychology, and neuroanatomy, who collaborated in different ways to expand our knowledge of the neural system of man and of other animals. Dr. Stellar also held an appointment in the Department of Psychology in the College and Graduate School of Arts and Sciences at the University of Pennsylvania. When Dr. Martin Myerson became President, he asked Dr. Stellar to play a leading role in a broad examination of the academic activities throughout the whole university as part of the planning process for the future. This he and colleagues did so successfully that he was appointed Provost of the University in 1973. He served the University in this capacity until 1979.

When William Kelley became Dean and Chief Executive Officer of the Medical Center, Stellar, though beyond the usual age to serve as a chairman, was appointed Chairman of the Department of Anatomy in the School of Medicine, and during his service the department was renamed the Department of Cell and Developmental Biology. As its name implies, it was realized that the cell had numerous components and that their interrelations were deserving of as careful dissection by molecular and ultramicroscopic techniques were the grosser parts of the body. During these years, Eliot Stellar was selected as President of the American Philosophical Society. He served in this capacity for two three-year terms and during this six year interval a campaign was held to raise over seven million dollars to convert a nineteenth-century bank into a 400-seat auditorium for the Philosophical Society.

Unfortunately, a carcinoma developed in his right lung which was too advanced for useful resection, though it responded in some

degree to radiation and chemotherapy. However, it finally led to his death in October of 1993.

Dr. Stellar was gifted in many ways. He was born in Boston, Massachusetts on 1 November 1919. He married Betty E. Housel. He earned his Bachelor's degree at Brown University in 1942 and received his Ph.D. in 1947 from Brown. He was then appointed Assistant Professor of Psychology at Johns Hopkins University before coming to the University of Pennsylvania in 1954. He became Professor of Physiological Psychology in the Department of Anatomy in 1960 at the age of 38, and Director of the Institute of Neurologic Sciences (1965–73). He became Provost in 1973, and in 1979, returned to teaching and research. He was a consultant to the National Institute of General Medical Sciences, a member of the Scientific Advisory Board of the University of Washington's National Primate Center, a member of committees at the National Institutes of Health and Veterans' Administration Central Office and the Carnegie Corporation. He was elected to membership in the National Academy of Science, where he chaired a committee on the Protection of Human Subjects of Biomedical and Behavioral Research. He received an honorary Doctor of Science degree from Ursinus College (1978) and from Emory University (1993), and a Doctor of Humane Letters from Johns Hopkins in 1983. In 1985, he became an Honorary Professor at Tianjin Medical College in the People's Republic of China. He also served as Treasurer of the Society of Neurosciences.

In the area of writing, he was the author with C.T. Morgan of *Physiological Psychology*, with V.G. Dethier of *Animal Behavior*, an editor with J.M. Sprague on *Series: Progress in Physiological Psychology* from 1966 to 1973. He wrote many other scientific treatises included *Neurobiology of Motivation and Reward* with his son, Dr. J.R. Stellar.

He was the recipient of the Distinguished Achievement Award of Brown University Graduate School, and the Distinguished Scientist Award of the International Union of Physiological Sciences in 1986. At the National Academy of Sciences he was Chairman of the Human Rights Commission. He was also a member of the American Academy of Arts and Sciences and of the Institute of Medicine. At the American Psychological Association, he was Chairman of the Council of Editors. He received the Warren Medal in Experimental Psychology in 1967. He was a member of Phi Beta Kappa and Sigma Xi.

Apart from all of these measures of his scientific success, he was a magnificent human being, approachable, constructive, extraordinarily intelligent, both in an academic sense and in the field of interpersonal relations. He had an especial ability to achieve a consensus in a group of faculty or on the Council of the American Philosophical Society, and no doubt in the other capacities in which he served. He was extremely unselfish and he put the success of the institution he served and its leaders ahead of his own interests. While not a physician, and less involved with affairs of the College of Physicians of Philadelphia than with many of the other organizations of which he was a member, he nevertheless demonstrated great empathy with physicians. His primary appointment was always in the School of Medicine at the University of Pennsylvania, and his Fellowship in the College of Physicians at once connoted his deep commitment to the health sciences and the College's commitment to the neurosciences which he did so much to advance.

He is survived by his wife, Betty, a son, and a daughter.

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Memoir of Pendleton S. Tompkins, 1907–1994

Jonathan E. Rhoads

Pendleton Tompkins, M.D., died on 27 June 1994. He was elected to membership in the College of Physicians of Philadelphia in 1941 and maintained his membership for over fifty years in spite of the fact that he moved to California in 1946. His field was obstetrics and gynecology. He was widely known for his demonstration that the time of ovulation was accompanied by a small rise in temperature so that if a woman took her temperature at the same time each day and plotted the results, the time of ovulation could fairly accurately be identified. This work was originally published in 1944 in the *Journal of the American Medical Association* under the title "The Use of Basal Temperature Graphs in Determining the Date of Ovulation."

Dr. Tompkins was one of the original physicians who formed the American Society for the Study of Sterility which later changed its name to the American Fertility Society. After a few years the group decided to publish a journal called *Fertility and Sterility* and Dr. Tompkins became its first editor, serving in that capacity during 1950 and 1951.

Pendleton Souther Tompkins was born at Fancy Hill, Virginia on 9 June 1907, the first son of Edmund Pendleton Tompkins, M.D., and Sarah Casterline Souther of St. Louis, Missouri. Their second son, Souther Fulton Tompkins, M.D., practices orthopedic surgery in Oklahoma City, Oklahoma.

In January 1920, Pendleton attended the Virginia Episcopal School, a boarding school in Lynchburg, Virginia, where he graduated in 1924. The next year he attended Davidson College in North Carolina where he was elected to Beta Theta Pi fraternity. He then attended Washington & Lee for two years, including a six-week summer course at William and Mary, and graduated A.B. magna cum laude and Phi Beta Kappa in 1927. After that came four years in Washington University Medical School, St. Louis, where he received his M.D. and Sigma Xi pin in 1931. This was followed by a

two-year rotating internship at the Hospital of the University of Pennsylvania in Philadelphia, then a residency in gynecology, another year as a Fellow in gynecology, and finally a fifteen-month assignment as a resident in gynecology at the Hospital of the University of Iowa in Iowa City. He later wrote, "At Washington University I was taught the science of medicine; at Pennsylvania I was taught the art of medicine."

In the autumn of 1936, he began practice as the assistant to Robert A. Kimbrough, one of the three Chiefs at the Philadelphia Lying-In Hospital, a division of the Pennsylvania Hospital, which was founded by Benjamin Franklin in 1751. When his practice justified it he moved out of Dr. Kimbrough's office, but soon the war came and Dr. Kimbrough was drafted. Pendleton held a captain's rank in the Reserves but was excluded when he was found to be diabetic. He moved back to Dr. Kimbrough's suite at the Lying-In and managed to hold together Dr. Kimbrough's practice and his own until the end of the war. By that time he was taking as much as sixty units of insulin a day, having difficulty balancing the dosage in very hot and very cold weather, and felt that his health depended upon an easier life. In January of 1946, he set up an office in San Francisco. Eventually he became President of the San Francisco Gynecological Society, the Peninsula Gynecological Society, and the Pacific Coast Fertility Society.

His study on "The Use of Basal Temperature Graphs in Determining the Date of Ovulation" was based on fifteen earlier publications and served to popularize the temperature graphs. Another report showed that the oviduct need not be removed because of ectopic pregnancy but that enucleating the ectopic could preserve the tube. On one patient this was done first on one side and then on the other, and subsequently she had an intrauterine pregnancy and a living child. Another study of breech deliveries at the Philadelphia Lying-In showed that only a small percent could be attributed to the textbook etiologies; namely placenta previa, fibroids, uterine anomalies, cord problems and so forth. It seemed for the most part that the breech lie was due to one or both legs being extended and in that case the fetus would be splinted with the breech down. This paper altered subsequent textbooks. A paper on habitual abortion showed that an original (not a completely new) method of metroplasty for a bicornuate uterus was effective. Twenty patients had 33 early miscarriages before the metroplasty and afterwards had 19 living babies and one patient of thirty-eight years had a four-

month miscarriage. This came to be referred to as the "Tompkins Procedure."

While in Philadelphia, Dr. Tompkins met and married Louise Mertz, who was delivered by the father of the author of this brief chronicle. Louise's family had roots both in Philadelphia and in California. She was educated at Germantown Friends School and then Mills College in Oakland, California, where she finished in 1934. The couple had four children: their oldest daughter is a businesswoman who owns an antique business and runs a catering service, and their oldest son is a career diplomat and Deputy Chief of Mission in Barbados. Their younger son is prospering in the real estate business near Sacramento and their younger daughter is a script supervisor for movies, television shows and advertising.

Pendleton Tompkins was basically a scholar. He went through college in three years. He had a long-time interest in the Phi Beta Kappa Association, which raised funds to support the activities of the Society. All who knew him will remember his keen wit, and his pithy expressions which permitted him to convey a remarkably complete picture in the mind of the listener.

As the obstetrician for our fourth child, I have a special debt of gratitude. We have shared many common interests and have exchanged letters and visits over the years.

Thanks to the medical research of Banting and Best, Pendleton enjoyed a remarkably full life, finally succumbing to a second lung carcinoma, an earlier lung carcinoma having been successfully resected twenty-five years ago.

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Memoir of Henry J. Tumen, 1902–1994

Edward Gosfield, Jr.

Henry Joseph Tumen died on 10 June 1994 in Philadelphia where he was born on 7 April 1902. He was "at the creation" in establishing the sub-specialty of gastroenterology in the United States. His contributions to the academic, educational, clinical and research aspects of this specialty continued to the time of his death.

Henry J. Tumen was the son of Rachel Phillips Tumen and Harry Tumen, a jeweller in Philadelphia. Henry was educated in the Philadelphia public school system, graduating from West Philadelphia High School. He attended the University of Pennsylvania, earning his baccalaureate degree in 1923, and was graduated from the medical school of the University of Pennsylvania in 1925. He served his internship from 1925 to 1926 at the Jewish Hospital in Philadelphia, now the Albert Einstein Medical Center.

Dr. Tumen opened his medical office in West Philadelphia but shortly thereafter moved to Center City. He joined the staff of Dr. Henry Bockus at the Graduate Hospital, where he remained for his entire professional career. Dr. Bockus and Dr. Tumen recruited a small, select group of physicians in establishing the section of gastroenterology within the Department of Medicine at the Graduate Hospital, and in the Graduate School of Medicine of the University of Pennsylvania. The Graduate Hospital was the clinical arm of the Graduate School of Medicine and the clinical training of specialists took place in this facility. This division of gastroenetrology attracted students from the United States and worldwide for an academic year in the Graduate School of Medicine, and in the clinical training of the Graduate Hospital in the new sub-specialty of gastroenterology.

Dr. Tumen served on the sub-specialty board of gastroenterology of the American Board of Internal Medicine from 1952 to 1960 and was Chairman of the Sub-Specialty Board of Gastroenterology from 1958 to 1960. He was Professor of Medicine in the Graduate School of Medicine and the School of Medicine of the University of Pennsylvania, and Chairman of the Department of Medicine in the Graduate Hospital from 1959 to 1969. He was named Emeritus

Professor of Medicine by the Trustees of the University of Pennsylvania in 1970.

Dr. Tumen held a number of prestigious positions including that of Chairman of the Section of Gastroenterology of the American Medical Association from 1966 to 1967; Chairman of the Gastroenterology Panel of the Drug Efficacy Study of the National Academy of Sciences of the National Research Council from 1966 to 1969; and was a Consultant in Gastroenterology at the Walter Reed Army Medical Center in Washington, D.C. from 1961 to 1976. He was a consultant in gastroenterology at the Albert Einstein Medical Center until his retirement from active medical practice. He was a member of the Society of Sigma Xi. He published 134 peer-reviewed articles in journals and textbook sections.

Dr. Tumen also played a fundamental role in the establishment of the Graduate Hospital in 1977 as a free-standing not-for-profit tertiary care hospital when it separated from ownership by the University of Pennsylvania but remained closely affiliated with its Medical School. He was Chairman of the Project Management Committee for the new Graduate Hospital and helped develop and act as an overseer for the new building project. He was Vice-Chairman of the Board of Directors of the Graduate Hospital and later a member of the Board of Directors of the parent Graduate Health Systems. He was honored for his commitment to the Education Committee of the Graduate Hospital with the establishment of the Henry J. Tumen, M.D. Department of Medical Education at the Graduate Hospital, which was endowed by support from friends, colleagues, family and patients. He was named chairman of this department until his retirement in 1990 and was then named Emeritus Chairman.

Dr. Tumen was an educator not only in the Graduate Hospital and Graduate School of Medicine of the University of Pennnsylvania but was also a worldwide lecturer and teacher in this field. He became proficient in foreign languages and addressed colleagues in German- and Spanish-speaking medical centers in their native languages. He was exceptionally proficient in Spanish and was a teacher in many of the Latin American medical centers. He has many students and patients from these countries.

Dr. Tumen had a special relationship with physicians in the Domincan Republic, which he visited at least annually to lecture to the assembled physicians of that country. He had a great sense of commitment to the education of foreign students, supporting the idea first promulgated at the Graduate School of Medicine, that academic medical centers in the United States, the leading country

in medical education, research and clinical care of patients, had a responsibility to train students of foreign countries so that they could carry back to their own country the knowledge that they would acquire in their experience with American medicine. He therefore developed a program in the Dominican Republic of "Dominican Scholars," who were young physicians in their training period at the top of their classes, who could be referred to the Graduate Hospital for further training in their careers. The Dr. Henry J. Tumen Foundation was established and named in his honor to support this endeavor. This program continues to this day.

Dr. Tumen was honored with membership and honorary membership in a number of prestigious American and foreign medical societies, among them the Brazilian Society of Gastroenterology and Nutrition, the National Gastroenterological Association of Colombia, the Gastroenterological Society of Peru, the Cuban Society of Gastroenterology, the Venezuelan Gastroenterologic Society, and the Domincan Gastroenterologic Association. In 1978, he received the Humanitarian Award of the National Foundation of Ileitis and Colitis in the United States. In 1986, he was named Professor Honorifico Facultad DE CIENCIAS DE LA SALUD Universidad Nacional Pedro Henrequez Urena Santa-Domingo-Dominican Republic. In 1988, he received the Strittmatter Award of the Philadelphia County Medical Society. In 1994, posthumously, at a special ceremony in the Dominican Republic at the Pedro Henrequez Urena University, he was awarded Doctor Honoris Causa.

Dr. Tumen was elected to Fellowship in the College of Physicians of Philadelphia in 1933. He was an active and faithful supporter of the College and served on a number of its committees. He was a founding member of the S. Weir Mitchell Associates in 1960, and an active member of the Committee on Finances from July of 1970 to June of 1993. He was also a member of the Council from 1978 to 1988, being a Censor from 1978 to 1981. He was Chairman of the Audit Committee from 1981 to 1988, remaining on the committee until 1992. In addition, he was on the ad hoc Committee on Investment Policy in 1991 and served on the Committee on Investment as Chairman from 1991 to 1992. He received the 60-year Fellowship award in 1993. Additionally, he generously supported the college financially as well as sponsoring many prominent physicians for Fellowship in the College.

Dr. Tumen was a multi-facted individual with intellectual interests in a number of fields other than medicine, including philosophy, history, and literature. His personal library contained over 2,000

volumes which he had read. He developed an interest in Judaica and became a collector and connoisseur in this field. In 1990, he donated to Harvard University his extensive collection of books and 166 ceremonial objects as the Bernice and Henry J. Tumen Collection.

Henry was a very soft-spoken person who nonetheless commanded attention to and respect for his insightful comments. He was a superb clinician who listened attentively to his patients, conveying assurance to them. His many patients loved him as well as respected him. He was a superb teacher by example as well as with his extraordinary fund of knowledge. Henry had a dry wit and a great sense of humor. He had many aphorisms such as "people did not get old: they got older," and "someone who called a spade a spade had a limited vocabulary."

Henry was fortunate, and knew that he was, in his personal life, with a long and happy marriage to Bernice Hirschman Tumen from 1926 to 1985. He bore his grief stoically when she died. He enjoyed family life with his only child, his daughter Ruth Wilf and her family. He was proud of her being a practicing midwife. He ultimately was happy in his later years with his marriage to Dorothy Gottlieb Tumen in 1988. He was always enthusiastic, youthful, and was able to enjoy life to the fullest. He loved to dance and continued to enjoy it after surgery for spinal stenosis and then, even in his late eighties, after replacement of his right knee with a prosthetic joint.

Henry will be remembered for his many contributions to Philadelphia medicine and his great contribution to the sub-specialty of gastroenterology in the United States and abroad. He had a host of students, colleagues, patients and friends who will remember him not only as a great physician but also as a wise friend and delightful companion.

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